MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY A. A.CO b. COUNTY deoth. MARYLAND outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b And Flagf Glen Burnie 1timore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours 612 E. FORT D. O.A. NORTH. ARUNDEL-Hosp, fet. YES NO 3. NAME OF Middle 4. DATE Month DECEASED OF DEATH withthe 19630++ 5 1967 IRENE (Type or print) within DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE AGE (In years 7. MARRIED NEVER MARRIED last birthday) 11:30:98 WIDOWED 50 DIVORCED and 2 event 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired COUNTRY? any UROPE HOUSE WI ome 13. FATHER'S NAN .= puo 05 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) [(If yes give wor or dotes of service) removal. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Colleges selles or cremation, Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying couse 0 buriol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED? NO X 10 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) prior 3 should PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page of work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔀 Inquiry X and in my opinion death resulted fram: Natural causes X. the funerol director. Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth or **EXAMINER'S** E. LINhmer NAME (Type) Address (Street, city, town, or county) NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVAL (Specify) Holy Cross Cemetery TIMORE URIA 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

N deloy 24 hours ofter death. olang forworded to the Chief Medical Examiner's This certificate should be executed within certificate, writing this word 4 should be

VR A15ME (5)

Same of

12 - 12 1100 1 10

CERTIFICATE OF DEATH

06077

_	0000														
1.	PLACE OF DEATH						2. USUAL RESIDENCE (V	Vhere de			e befare	admissia	n)/		
		e Arundel			MARYLAND		a. STATE 6. COUNTY								
	b. CITY OR TOWN I	If autside carparate limi	ts,	c. LE	NGTH OF STAY IN 16		c. CITY OR TOWN (If au	nearest	10wn)						
	Crowns	d give nearest tawn)		1	year 4 me	on	Baltimore, Md/' 304								
		AL OR INSTITUTION (If n	at in haspita			OII	d. STREET ADDRESS	71 (9	May	-1,07.5	e		ENCE		
	Crownsv	ille State	Hospi	tal			1756 E. Pr	rest	on Street		Y	ON A FA	NO X		
3.	NAME OF	F	iest		Middle		Last	4. DAT	TE Man	ith	Day	Yea	it.		
	(Type or print)	e	Jackso	n			Asbell	OF DEA	ATH E	5/31/		196	7		
5.	SEX	6. COLOR OR RACE	7. MARRIE	D	NEVER MARRIED	T B	DATE OF BIRTH		9. AGE (In years	IF UNDER 1					
	M	N	WIDOWE	D 🔀	DIVORCED		4/12/89		last birthday)	Months	Days	Hours	Min.		
10	. USUAL OCCUPATION	(Give kind af wark dane	10b.		BUSINESS OR		11. BIRTHPLACE (County I	& State, a	r fareign country)	12. CITI	ZEN OF	WHAT			
du	ring most of working Farmer	life, even if retired)		INDUSTRY			Georgia			COL	INTRY ? U	SA			
13	FATHER'S NAME					T	14. MOTHER'S MAIDEN N			-	-				
	Willia	m Asbell					Unknown	3							
15				6. SOCIAL	SECURITY NO.	17. 11	FORMANT	1	Addr	ress					
(Y	es, na, ar unknawn)	R IN U.S. ARMED FORCES: (If yes give war ar dates	of service)	19-3	4-3495		Hospital H	2000							
-	TIO CAUSE OF D	EATH /Catal columns	lt.	unkr	lówn	_	HOSOILAI I	neco.	rus		INTE	DVAL DETV	WEEN		
	PART I. DEA	EATH (Enter only one co TH WAS CAUSED BY:								11.5		RVAL BETY ET AND D			
	443X						ovascular I								
		, 00					ome asso. V	with	Cerebral						
	Canditians, if any	le couse (a)		erio	sclerosis	•									
	stating the unde		TO												
	last.	,			tive Hear				L Hemipare	lis					
CERTIFICATION	PART II. OTHER S	GNIFICANT CONDITIONS	CONTRIBUTING	G TO DEAT	TH BUT NOT RELATED	TO T	HE TERMINAL DISEASE CON	IDITION (GIVEN IN PART 1(a)			WAS AUTO PERFORME S			
TIFIG	20a. ACCIDENT WA		205.	DESCRIBE	HOW INJURY OCCURR	RED. (Enter nature of injury in I	Part I ar	Part II of item 18.)		-				
CER		CAUSE OF DEATH MEDICAL EXAMINER)							,						
MEDICAL		URY Manth, Day, Year	20d	. INJURY (OCCURRED 20e.	PLAC	E OF INJURY (Hame, farm	, 20	f. (City ar town)	(Cau	nty)	(5	State)		
MED	Haur a.	m.	Whatw		Nat While at wark		ry, street, affice bldg., etc.)					,			
		fy that (I) (this ha				0	1/25/	966	, to_5/31/	196	7 the	nt (1) (v	we) lost		
	sow the d	eceosed olive on	5/31/	1	19 67, and	thot	death occurred at	8:30	M, from couses	ond on th	e dote	stoted	obove.		
	22a. SIGNATURE	///		7	7	-			<u> </u>	22b. DA					
		KILL	ulles	121		M.D.		MED. DIRECTOR	R PHYS. C	3 5/3	1/67	,			
	22c. PHYSICIAN'S		C	-			22d. ADDRESS		<u>A</u>		2701				
	NAME (Type	I. Bene	dict.	M.D.			Crowns	swil	le State I	Hospit	a.l				
23	o. BURIAL, CREMATI				NAME OF CEMETERY	DR C			LOCATION (City or To		(Gunty)	(St	tate)		
	PEMOVAL (Specify		.11		not ().0	111	un Cot		Bei OT	mel	/ 11	(-,	-,		
2	4. FUNERAL DIRECTO		~/	- 1	ADDRESS		25a. REC'D	BY REG	ISTRAR 25b. R	EGISTRAR'S SI	GNATURI		- 0		
E	Lucy MIL	0 /	131	1. 1	muks		DATE JU			Ochon		Judy	IL.		
12	111/1/11/11	I A A A A A A A A A A A A A A A A A A A	11 4 1/1	El 4 a . D	112111		1 DAIF V	111 60	14.7407	10	- 4	7 07			

Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to laurial, cremation, or removal, and in any every, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. VR A15 (4) 25M 1/67

TARREST TO A STATE OF THE PARTY ASSESSMENT OF THE PARTY OF THE A WASS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the Poeral director, page 3 should be detached for use as the burial-transit permit. Then please removel carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OFFICE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)							
ANNE ARUNDEL MARYLAND	a. STATE MARYLAND b. COUNTANNE ARU NDEL							
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) ANNAPOLIS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Annapolis							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?							
U.S. NAVAL HOSPITAL, ANNAPOLIS, MD.	4A Alder Road YES□ NO□							
3. NAME OF DECEASED (Type or print) BABY BOY	BAKER OF MAY 15 1967							
6. CDLOR OR RACE 7. MARRIED NEVER MARRIED NION DIVORCED	8. DATE OF BIRTH 15 May 1967 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. Min.							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? ANNAPOLIS, AA., MD. USA							
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
LARRY JOSEPH BAKER	LINDA SUE DILTZ							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17.	LARRY BAKER (F) 4A A lder Road Annapolis, Md.							
18. CAUSE DF DEATH [Enter only one cause ger line for (a), (b), and (c).]	1 INTERVAL BETWEEN							
PART I. DEATH WAS CAUSED BY:	bearing ONSET AND DEATH							
IMMEDIATE CAUSE (a)	With the state of							
Cenditions, If any, which \	1							
gave rise to immediate (
cause (a), stating the DUE TD								
underlying cause last. (c)	Was allynosy							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUT	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO							
	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)							
	(CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) ory, street, office bldg., etc.)							
21. I certify that (I) (this hospital) attended the deceased from	5 May , 1967 to 15 May , 1967 , that (I) (we) last							
	t death occurred at 6.20 M, from the causes and on the date stated above.							
22a: SIGNATURE	22b. DATE SIGNED							
Chanles to Handry M.C.	ATTENDING MED. STAFF STAFF							
22c. PHYSICIAN'S NAME (Type) C. L. GAUDRY, LCDR MC USN	NAVAL HOSPITAL, ANNAPOLIS, MD.							
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)							
BURIAL SPECIFY) 5-19-67	MISHAWAKA IND.							
24. FUNERAL DIRECTOR ADDRESS	ST. LANY 1 7 1007 Charles Signature							
MOHN M. TAYLOR & SONS DUKE OF GLOUCESTER	ST. MAY 17 1967 Clearly Judge							

VR A15 (4)

7-256815

JERREDA SKIN

6140E/ K.M

D.S. WAYL MOSPITE, MULLIC, ID.

YOU YUAR

Maje Court.

LUNRY TOSSEN CONSEN

TIMO SUE VOLLE

#SILAR

15 Nov 1507

in historia

Loney speed (F) 41 After South

1

E. L. CUPRY, LCOR HC 'S'

To year.

Juna M. Tivlon & Sons, once of et Deserth, ST.

1-017 1996L 10321Tol., AMM PORTS, 15.

DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH uneral after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) COUNTY e. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if oulside comorate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest buyity 2 filled d. NAME OF HOSPITAL OR INSTITUTION (& nonlin hospitel, give street address) d. STREET ADDR . IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE Month Dev Yeer DECEASED OF (Type or print) DEATH 19 carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years HE UNDER') YEAR IF UNDER 24 HRS. last birthdey) Months Devs WIDOWED DIVORCED physician SA OV 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if patired) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) please please and in a 13. FATHER'S NAME MOTHER'S MAIDEN NAME oval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyesgivewarordetesofservice) permit. þ 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN 9 ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) urial-transit aftending Conditions, if any, which geve rise to immediate couse DUE TO (a), stating the underlying certificate har use as the f couse lest. hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(+) WAS AUTOPSY CERTIFICATION ERFORMED? NO F 200. ACCIDENT WAS UNDERLYING [R: After this detached for 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) 0 factory, street, office bldg., etc.) Hour a,m, While Not While DIRECTOR: Dept. at work at work p.m. 21. I certify that (i) (this hospital) attended the deceased from ... I.T. C. saw the deceased alive on.s. 226. SIGNATURE 22b. DATE death. Page ... with t PHYS. DIRECTOR PHY5. 22c. PHYSCIAN'S ADDRES NAME (Type) filed. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) P & B REMOVAL (Specify GERBINE P 24 FUNERAL DIRECTOR'S SIGNATUR 25a, REC'D BY REGISTRAR 256. KEGISTRAR'S SIGNATURE VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH

Se P.4. Co. AppreAprinkle Michaello F Bradown Long frint When European Barreles - 53/67. A HILLIAM THE Oalto tod Germany S. Horrise P. intain bearing Hampleston) Some 2 Congrature Reserve Come General delal Det Soulity Robert R HAMIN PO 1800 735- which SETE Interport Then 1867 Langua Part Bowler Ballows ral-Something the man Was During I.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06091 by the funeral PLACE OF DEATH a. COUNTY Anne Aruhdel , and in any event, within 72 hours after b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 16 write RURAL and give nearest town) Annapolis 9 days
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) completely filled in corban papers. Anne Arundel General Hospital 3. NAME OF First Middle (Type or print) Arthur Linwood OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** White WIDOWED IX Male the ottending physician and sit permit. Then please rem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)
Conductor — Ret INDUSTRY 13. FATHER'S NAME okremova Ukm 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [(If yes give war or dates af service 16. SOCIAL SECURITY NO. signed by the offer buriol-transit perm burial, cremation, a 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospitol or ottending physician. DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been 3 shaufd be detached for use as the with the State Dept. of Health prior to last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (E OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour 'o.m. Not While ot work 21. I certify that (I) ADDESSO (al) attended the deceased from director, page 3 shauld should be filed with the saw the deceased alive on. 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Ray M. Smith, M.D. 23b. DATE THEREOI **BURIAL, CREMATION** 23c. NAME OF CEMETERY OR CE 230. REMOVAL (Specify) 5-18-67 Glen Haven Ce

24. FUNERAL DIRECTOR

VR A15 (4) 25M 1/67

within 24 hours after death

CERTIFICATE

D

17. IN

20e. PLACE

fortor

M.D.

ADDRESS

McCully-130 E.Fort Ave. Balto. Md. 21230

MARYLAND

DIVORCED

JINEEL, DALIMIN	rich moneton	10 11201				
OF DEATH		(1608	20		
2. USUAL RESIDENCE (Where deceased liv			ce before	odmissio	n)
o, STATE Mary	Land	b. COUNT	Ann	e Arı	unde	1
c. CITY OR TOWN (IF ou		nits, write RUR				
RURA	L - Arno	ld		124		
d. STREET ADDRESS				e.	IS RESID	
Shore	e Acres			YE	5	NO X
Lost	4. DATE OF	Month		Doy	Yea	4
BEALL	DEATH	May		15		67
DATE OF BIRTH	9. AG	E (In years t birthday)	IF UNDER Months	Doys .	Hours Hours	24 HRS. Min.
ec. 23, 18	10	90 yrs.	1 30 00			
11. BIRTHPLACE (County		- "		IZEN OF Y	WHAI	
14. MOTHER'S MAIDEN I		ryland		U.S.		
	NAME					
Ukm,		Addres	•			
		4-2-1		27.2	0=1	h ==
Gen. Hosp.	Records	Annar	OLIS			
				ONSE	VAL BETA	EATH
		1			,	
sumbo	14	lo-		10	ull	-
	1.	1				
te ande	Bonn.	1				
E TERMINAL DISEASE COM	NDITION GIVEN IN	PART 1(o)		19. Y	VAS AUTO	PSY
				YES	ERFORME	NO X
nter nature of injury in	Port I or Port II o	f item 18.)				
OF INJURY (Home, form	1, 20f. (Cit	y or town)	(Cou	inty)	2)	State)
y, street, office bldg., etc.						
may	966, 10_	May 15	, 19	67 tha	t (1) (v	ar) lasi
death accurred at	M. fro	m causes a				abave
ATTENDING TO	MED.	STAFF		TE SIGNED		0
PHYS. 22d. ADDRESS	DIRECTOR L	PHYS.	0-	16-	-6,	/_
Hahn Pro	fBldg.,	Severna	a Par	k, M	d.	
EMATORY	23d. LOCATIO	ON (City or Tow	n)	(County)	(St	ote)
metery	Glen	Burnie	9, 1	AA	1	Md.
2So. REC'I	BY REGISTRAR	2Sb. REG	ISTRAR'S SI	GNATURE		

The state of the s The second secon the state of the s

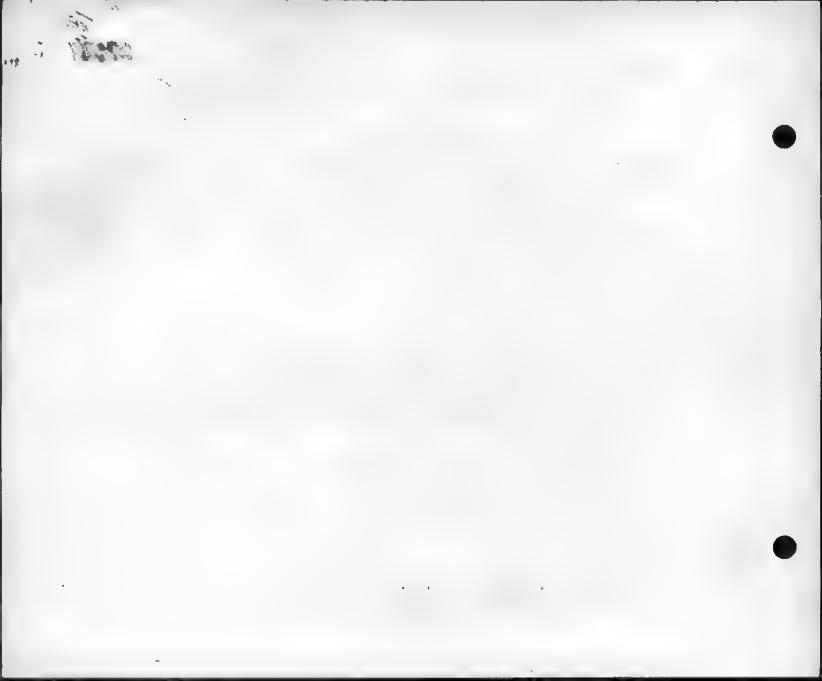
papers. Pages 1 of hin 72 haurs after d The law requires that the death certificate be executed within 24 haurs after ⊑ within 72 filled remove carban campletely ment, pup physician a en please or removal, attending phys permit. burial, crematian, signed by the burial-transit Page 4 may be retained by the haspital ar attending the SD has detached O FUNERAL DIRECTOR: After director, page 3 shauld shauld be filed with the 20 M 1/66

S SEX

last.

MEDICAL

21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 1/2 22o. SIGNATURE STAFF PHYS. 5/9/67 DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S Crownsville State Hospital. Md. Běnedict, NAME (Type) 230 BUR AL, CREMATION, 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY. 23d LOCATION (City or Town) (State) (County) REMOVAL (Specify) RMEVA! RECID BY REGISTRAR 24 FUNERAL DIRECTOR 25b



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0609	2		CERTIFICATE	OF	DEATH			Ω	508				
Ī	1. PLACE OF DEAT	Н				IAL RESIDENCE (W	here deceose	d lived, if instituti		ce before	odmission))		
Į	Anı	ne Arundel		MARYLAND	Meryland Anne Amndel c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)									
	b. CITY OR TOW write RURAL	 (If outside corporate limits, and give nearest town) 	c. L	ENGTH OF STAY IN 15	c. CITY	OR TOWN (If our	tside corporot	e limits, write RUF	RAL ond give	e neoresi	town)			
		Burnie				Glen Bu	ırnie_			-				
ý	d. NAME OF HO	SPITAL OR INSTITUTION (IF not	r in hospitol, give st	reet oddress)	d. STR	EET ADDRESS					IS RESIDE ON A FAR	RM?		
		th Arundel Ho				414 Cody						10 😴		
	3. NAME OF DECEASED	Firs	i P	Middle		Lost	4. DATE OF	Mont	h	Doy	Year			
	(Type or print)	Charle	s B.		Bilz		DEATH	5	1 1	5	1967			
	5. SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	9.	AGE (In years lost birthdoy)	Months I	Doys	Hours	Min		
	Male	White	WIDOWED .	DIVORCED		5-03		73 yrs.						
		TION (Give kind of work done king life, even if retired)	10b. KIND OF INDUSTR	F BUSINESS OR	11 BI	RTHPLACE (County I	& Stote, or for	eign country)	12 (1	TIZEN OF UNTRY?	WHAT			
	Fo	reman		Cork Co.	L B	altimore	Mary	land		U.S.				
	13 FATHER S NAM	E			14 MG	OTHER'S MAIDEN N	IAME							
		Edward B	ilzer			Caroli	ne Rud							
	15. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16 SOCIAL	L SECURITY NO. 17.	INFORMA	INT		Addre	155					
	Yes	vii) (In Aes Blae wol of Goles of		10-8240	Char	t								
ı	1B. CAUSE O	F DEATH (Enter only one cous	e per line for (o), f			0					RVAL BETW			
ı	PART I.		ON:	SET AND DE	АІП									
		IMMEDIATE CAUSE (, ,			40 C	0			100	mli	2		
	Conditions, if any, which gave rise to immediate couse (a), (b) Caramon a of Color											114		
		nderlying couse DUE	000	Dast.	1	· h								
	lost.		(c) (d) /U	4021030		J 34,7	SUL ?							
	FART II OTHE	R SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERM	IINAL DISEASE (ON	DITION GIVEN	I IN PART 1(o)		19	WAS AUTOP PERFORMED	PSY D?		
	ğ									YI	S N	0 54		
	200 ACCIDENT OR CONTRIBUTION OF CONTRIBUTION	WAS UNDERLYING ING CAUSE OF DEATH	205. DESCRIBI	BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 1										
		TIFY MEDICAL EXAMINER)												
	20c. TIME OF Hour	INJURY Month, Doy, Year o.m.	20d. INJURY While	M. 1169 H		IURY (Home, form t, office bldg., etc.)		(City or town)	(Co	unty)	(51	lote)		
		p.m. 19	ot work	of work	-			#/ 5/	169					
		ertify that (1) (this has	nita)) attended a			7-0-1-	9, to		<i>U</i> /, 19_		at (I) (w			
		e deceased alive an	212119	, and tha	i deam	accurred at,		, frant causes				above		
	220. SIGNAT	IRE LC	100				MED.	STAFF	1 225	ATE SIGN	167	7		
	22c. PHYSICI	AN'S	week	2 s.	D. PHY	d. ADDRES	DIRECTOR	PHYS. L		12	191			
- 1		YPO) Franz	XGG	011		1708	1- T	ager	Sto	W	\leftarrow			
	23o. BURIAL, CREM	ATION. 23b. DATE THE	REOF 1 23	c. NAME OF CEMETERY OR	CREMATO	RY	23d, 100	ATION (GH) or To	wnì	(County) (Sto	nteì		
1	REMOVAL (Sp.			New Cathe					. Kd	, ,	,5.0	,		
1/4	24. FUNERAL DIRI			ADDRESS	11 (1,1,	2Sq. REC'D	BY REGISTRA	AR 2Sb. RE	GISTRAR'S		E			
617		Cully	130	E. Fort Ave	2	, MAY	8 1	967 00	Lines	0				

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the hospital ar attending physician.



41.1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY **b** COUNTY Maryland Anne Arundel Anne Arundel MARY! AND b. CITY OR TOWN (If autside carparate limits, write RURAL and give gegrest town) C. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Gambrills days Annapolis e IS RES DENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS Anne Arundel General Hospital YES X NO NAME OF Middle 4 DATE Last Month Day Year (Type or pnot) 0F 16 BIRCKHEAD May Caroline Coster 19 67 DEATH 8 DATE OF BIRTH AGE (In years 1F ... NDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED XX NEVER MARRIED lost_birthdoy) Months Days Hours White Female July 20, 189.0 DIVORCED WIDOWED 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working tite, even if retired) INDUSTRY Never orked Coster Marvland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Benajmin Coster Sarah Hungerford IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) Alice L. Birckhead Gambrills none 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave use to immediate couse (a). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO XIX 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF E THER, NOTIFY MEDICAL EXAM NER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (County) (State) TIME OF INJURY Month, Day, Year 20f (City or town) Haur a m. factory street, affice bldg .etc.) Nat White at wark 21. I certify that (I) (this pospical attended the deceased from 1 May 15, 1967, that (1) bond last May 15 19 67, and that death accurred at M, from causes and on the date stated above saw the deceased alive an 1:40 AM SIGNATURE MD DIRECTOR PHYS 22d ADDRESS 71 Rranklin St., Ann ADDRESS S. Beck, M.D. PHYS CIAN'S NAME (Type) Note that the second se 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g B., RIAL, CREMATION (County) (Stote) REMOVAL (Specify) Middleham Chapel Cem. Calvert Lusby 250 REC'D BY REGISTRAR MAY I 9 10 25b REGISTRAR'S SIGNATURE

DATE

TO FUNERAL DIRECTOR: directar, page 3 should be filed a O HOSPITAL VR A15 (4) 25M 1/67

The law requires that the death certificate be executed within 24 haurs after death

funeral and

.⊆

filled

by the Pages

papers. Pag hin 72 hours a

d)

remayal

ь

cremation,

prior to the

gp

detached

has

OR ATTENDING PHYSICIAN:

retained

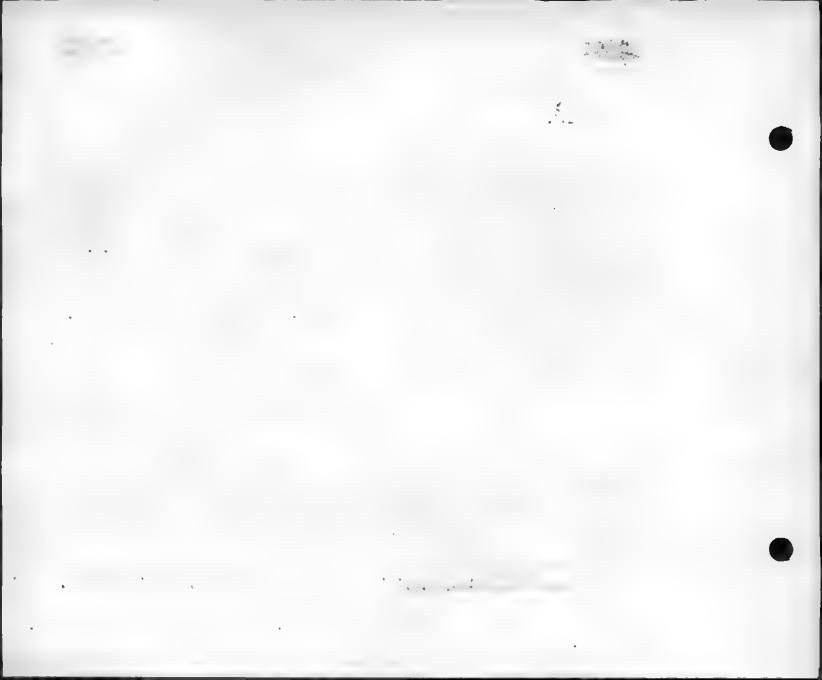
burial-transit purial, cremati

S SEX

last.

FUNDEAT.

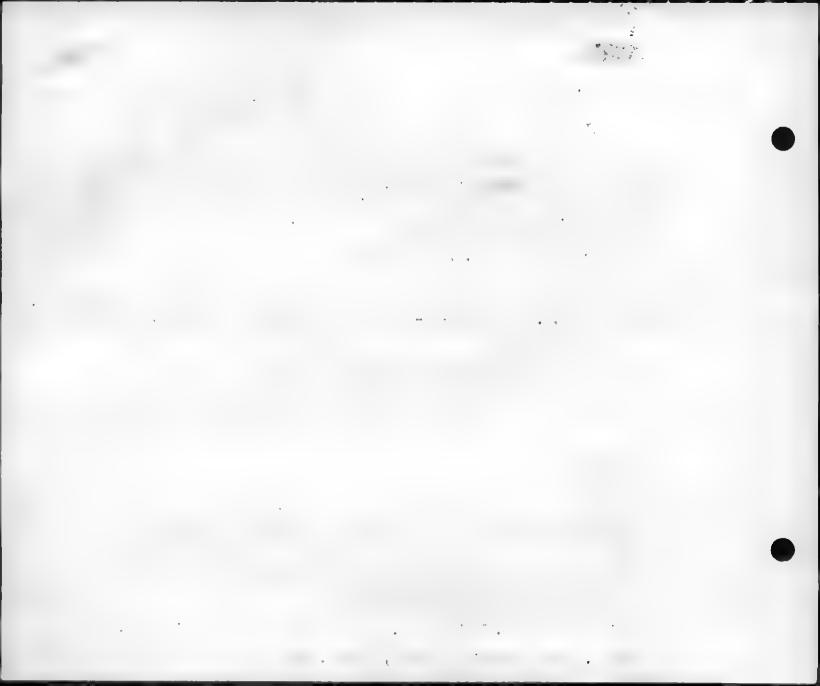
A POT T



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

A.A.	06094		CERTIFIC	ATE OF DEATH		10023
funerol er des	I. PLACE OF DEATH o COUNTY	A DITATIVE OF		a. STATE	(Where deceased lived, if institution b. COU	tian. Residence befare admission) NTY
of des	b. CITY OR TOWN (If or	ARUNDEL utside corporate limits,	c LENGTH OF STAY IN 18	C CITY OR TOWN (IF	T.AND outside corparate limits, write RU	RAL and give nearest fown)
-0	write RURAL and give	N BURNIE	6 HOURS		-PASADENA	TE NEVERTOR
d ii		NDEL HOSPIT	naspital, give street address) A.L.	WISE & OUT	ING AVES. BOX	e 15 RESIDENCE ON A FARM? YES NO SES
	3 NAME OF DECEASED	F,rst	Middle	Lost	4 DATE Mon	th Day Year
重量量	(Type or pnot)	JOSEP		(BLENKNER)	DEATH MAY	29 167
completely tove carbon by event;	S SEX 6		MARRIED NEVER MARRIED 8	X 8 DATE OF BIRTH MAY 6, 1889	9 AGE (In years sast birthday) 78 yes	Manths Doys Hours Min
physicion ond comi en please remove oval, ond in any ev	100 USUAL OCCUPATION (Gr during most of working life,	ve kind of work done	10b KIND OF BUSINESS OR INDUSTRY		ry & State, ar fareign country)	12 CITIZEN OF WHAT COUNTRY?
ion	Laborer	even it terued)	A. A. Co. Maintens	MARYLA	ND	USA
al, o	13. FATHER'S NAME			14 MOTHER'S MAIDEN	NAME	
hen hen nov	Un	known			Unknown	
ending phy nit. Then or remova	IS. WAS DECEASED EVER IN	U.S. ARMED FORCES? yes give war or dates of sen	16. SOCIAL SECURITY NO.	17 INFORMANT	Rt 2 Box 4	3 Green Haven,
	Yes	W.W. 1	217-38-3570A	Mrs John Eve	rd Pasadena	
	IB. CAUSE OF DEATH PART I. DEATH V		r line for (a), (b), and (c))	uls assis	lent	INTERVAL BETWEEN ONSET AND DEATH
ol.	Canditions, if any, wh		selvalal	artin	in clurisi,	
been sign s the buri	rise to immediate co stating the <u>underlying</u> lost					
	PART II OTHER SIGNI	FICANT CONDITIONS CONTR	BUTING TO DEATH BUT NOT RELATED	D TO THE TERMINAL DISEASE (ONDITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
E-0 0	200 ACCODENT WAS LID OR CONTRIBUTING CO	CAUSE OF DEATH	205 DESCRIBE HOW INJURY OCCUI	RRED (Enter nature of injury in	n Part I or Part II of item 18)	10 10 10
this defoc e Dep	20c TIME OF INJURY Haur a.m.	Month, Day, Year	20d INJURY OCCURRED 20 While Nat While at wark	e. PLACE OF INJURY (Home, for factory, street, office bldg., et		(Caunty) (Store)
TO FUNERAL DIRECTOR: After director, page 3 should be cashould be filed with the State		thet (I) (this haspite ased alive on)/attended/the_deceased fra /2-2 / 6 / 19, and	that death accurred o	the state of the s	, 19 <u>.6</u> , that (I) (we) to and an the date stated abov
DIRECTO	22h AGNA URE	B.	16 auries	M.D. ATTENDING N.D. PHYS	MED. DIRECTOR PHYS C	22b. DATE SIGNED
o FUNERAL DIRE	NAME (Type)	J. B. R.1	AMIREZ		672 NONTHBOU	ANE AD BALLI
E SECTION OF THE SECT	23a BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE THEREO			23d LOCATION (City or To	, , , , , , , , ,
121 "	Purial 24. FUNERAL DIRECTOR	June 1,	1967 Balto Nat			EGISTRAR'S SIGNATURE
VR A15 (4) 20 M 1/66	George J.	Gonce 4001	Ritchie Hgwy, I	Balto, Mi DATELL	IN 5 1967 /	Charles Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS 201 W PRESTON STREET RAITIMORE MARYLAND 21201

06095	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	28384
1 PLACE OF DEATH		2 USUAL RESIDENCE (Where deceased lived, if	
a COUNTY A.A. Co.	MARYLAND	a. STATE MD b.	COUNTY // // // // // //
b CJY OR JOWN (If autside carparate im t	s & CLENGTH OF STAY N 1b	c CITY OR TOWN (If autside carparate imits, writ	te RuRAL and give nearest tawn)
write PURAL and give petrest town)	MP	Sembrille .	/
d. NAME OF HOSPITAL OR INSTITUTION (IF IN	at in haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE
D.O.A- narch a	Trundel	Rante 531	ON A FARM? YES NO
3 NAME OF FI	rst Middle	DATE OF	Month Day Year
(Type or print)	e 104 154	DEATH	5 9 1967
S SEX 6 COLOR OR RACE	7 MARRED NEVER MARRIED	B DATE OF BYRTH 9 AGE (In year	
/ N	W DOWED TO DIVORCED		yrs.
10a USWANDCCUPATION (Give kind of work done during the of at work of the overall retired)	10b. KIND OF BUSINESS OR INDUSTRY	BIRTHR ACE (Stote or foreign country)	12 CITIZED OF WHAT
13 PATHER S'NAME (GROW)	Johnson	14 IMOHIERS, MA DEN NAME	ren
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?		IN OKMANT	Address Differ 10
(Yes, no, ar unknown) (If yes give war ar dates o	of serv (e)	Chel allow	Daniffills
18 CAUSE OF DEATH (Enter any one cau	use per line for (a), (b), and (c))		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY	(a) Caudence Chi	une	ONSET AND DEATH
DUF	.,, .,		musica.
Canditions, if any, which gave	(b)		
ase to immediate cause (a), DUE	TO		
last.	(c)		
	ONTR BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	(a) 19 WAS AUTOPSY PERFORMED?
CATION			YES NO
20a EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	20th DESCRIBE HOW INJURY OCCURRED	CEnter nature of injury in Part I or Part II of tem 1	В)
20c. TIME OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e P	LACE OF NJURY (Home, farm, 20f (City or tow	vn) (County) (Stale)
Haur a m. 19		octory, street, office bldg., etc.)	(33310)
21. I certify that I took charge	e of the remains described obove, I	neld on Autopsy , Inspection ,	Inquiry , and in my opinion
deoth resulted frem / Noture	ol couses . Accident . Su	ncide , Homicide Undetermine	ed monner
		CHIEF MEDICAL EXAMINER	
SIGNATURE when	ust	M D ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type)	-whardf	DEPUTY MEDICAL EXAMINER Address (Street, city town, or sounty)	5-9-57
230 B. RIAL, CREMATION, 236 DATE TH	EREOF 232 NAME OF SEMETERY O		County (County) Sybre
1200000000011	50/1411/	wood Gul	guexe / sh
24 FUNERAL DURECTOR	DOH MODRESS	DATE MAY 11 1867.	P. HALLOCARIA MANAGEMENT

TO DEPUTY ME

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06090

CERTIFICATE OF DEATH

28085

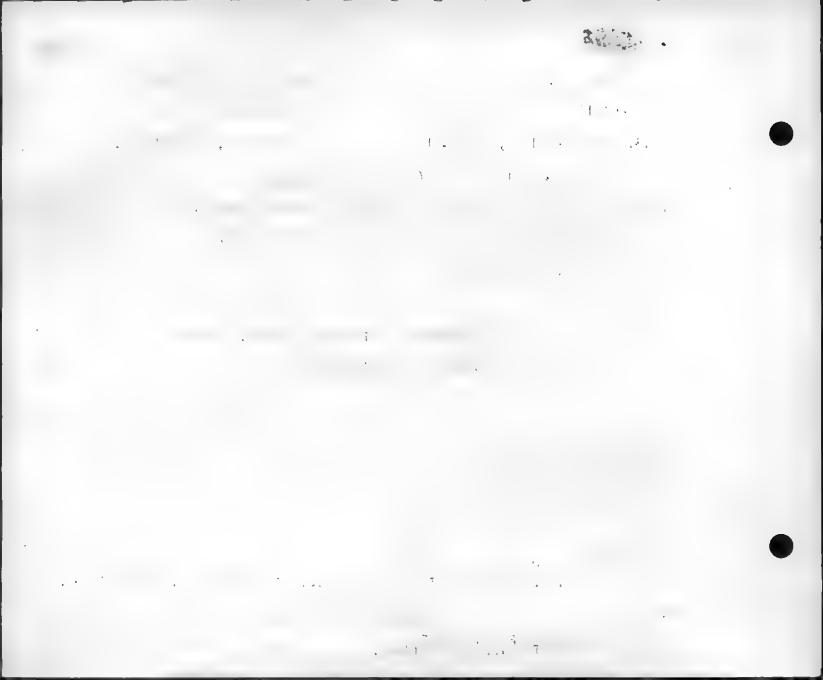
	06030			CEKIIF	ICATE	OF DEATH			i.	0000
	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceosed	lived, f institution	Residence bef	ore odmission)
		Anne Ar	undel	THEFT	YLAND		land	P CORNIA	Anne A	rundel
	b City OR TOWN (If outside corporate imits, give nearest tawn)		CLENGTH OF STAY	IN Ib	c CITY OR TOWN (If au	tside carparate	limits, write RURAL	ond give neor	est town)
	Annar	olis		16 days			- Seve	erna Parl	c	* 1
	d NAME OF HOSPIT	AL OR INSTITUTION (If not in	haspit <mark>al,</mark> gi	ve street address)		d STREET ADDRESS				e IS RESIDENCE ON A FARM?
	Anne_Arur	del General I	Hospi	tal		Rt-1,	Box-40)4		YES NO
3.	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Month	De	
	(Type or print)	Walter		Rosevelt		BROWN	DEATH	May	9	19 67
S	SEX			XX NEVER MARRIES		DATE OF BIRTH			IF UNDER 1 YEAR Months Days	
		INCELO	IDOWED [DIVORCE		Nov. 14, 19	03	63 yrs.		
10c	i ESLAL OCCUPATION promost of working	t (Give kind of work done lite, even if retired)		ID OF BUSINESS OR		11 BIRTHPLACE (County I		• •	12 CITIZEN COUNTRY	
1	removed of averking	ea						yland	Convie	
13.	FATHER'S NAME	000	Ba	971 (8		14 MOTHER'S MAIDEN N	IAME	Mari	16	
4	NULL	1 145/6	DIC	121 2/10		dule	nel.	Acolo	The	
		R IN U.S. ARMED FORCES? (If yes give wor or dates at serv	(ice) 16 Si	OCIAL SECURITY NO	- 1	NEGRMANT	20	Address	Van.	Kay
	110		_42	2 1817485		Well	1011	DNI	Sen	erre
		EATH (Enter only and cause pe IH WAS CAUSED BY	ir line far (a), (b), and (c))	/		10-	/		NTERVAL BETWEEN INSET.AND DEATH
	7,407	IMMEDIATE CAUSE (a) _		1. Tema	RRO	BJE LER	E DAR	4		16 day.
	Conditions, if any	DUE TO		7 Hun	ah.	ever land	1000	IR DIS.	n _C	
	rise ta immediat	e couse (a),		V. 11991	THE H	3/4/ 47/16/14	YIJCHI	BR PIN	12 6	INNEN
	stating the under	rlying couse (c)		- //						
		GNIFICANT CONDITIONS CONTR	BUTING TO	DEATH BUT NOT PE	ATEN TO T	HE TERMINAL DISEASE COM	DITION GIVEN I	N PAPT 1(a)		9 WAS AUTOPSY
TION	TAME OF CHILD ST	VIII. LONDINGHT LOND	DO:1110 1	D'a	1 - 1	moll	h	HANT ((a)		PERFORMED?
CERTIF CATION	20o ACCIDENT WAS	UNDERLYING CT	20b DFS	CRIBE HOW INJURY O	COURRED O	Enter nature of injury in I	Part or Port II	of Item 18.)		LON LON
CERT	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	1	silve indirection		and the same of the same of	U	- Hott 10 j		
ਤ		JRY Month, Day, Year	20d IN	JURY OCCURRED	20e PLAC	E OF INJURY (Hame, form	. 20f (0	City or town)	(County)	(State)
SE SE	Hour o.r	n.	While	Not While		ory, street, office bldg., etc.)		,	(//	1 0)
	21 Leertii	ry that (I), (skibchasskire)	at work		fram	Arosal 1	9 67, 10	May 9	1967	thot (I) (pret
		1,27	lav 9			death occurred at	M. f	rom couses ar		
	220 SIGNATURE			7 / 1		2:			22b. DATE SIG	
		Thames	3	(ods	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF D	5-1	0-67
	22c PHYSICIAN'S	/		3.6.55		22d. ADDRESS				-
	NAME (Type)	Francis I.	Codd			Severna				
230	BUR AL, CREMATIC		1-	23 JAME OF CEM	HERY OR	REMATORY	23d (OPA	TION (City or Town	Coun	الووار (١٧)
)	DIMA	16-57	0/	11/11/	46	very	1/2/	1100		11/61
2	4. FUNERAL DIRECTO	Bank	24/	ADDRESS	2/	25a. REC'D	BY REGISTRAR	67 250 865	STRAR'S SIGNAT	Lange.
ı /	311 4 00	CAMITE VOLL		11/1/1/1/1/	1. ///	/ // Country 14		PVIII //	- 4	1 (1

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 mould be Betached for use as the burial-transit permit. Then please carban papers. Pages 1 and 2 should be filed with the State Ompt. If Health prior to burial, crematian, ar removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea Page 4 may be retained by the haspital ar attending physician.

TO FUNEARL DIRECTOR: Effer this certificate [bein signe] the attending physician and Lemble by filled in by the foreign director, gage 3 should be detached for use as the burial-transit permit. Then please remove capon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in all event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law raquires that the death cellificate be exeguted within 24 hours after Page 4 may be retained by the hospital or attending pluysician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF ST	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORI	1, MARYLAND
06007	CEDTIFICATE OF DEATH	1000

JUUJI JERTHIONI	L VI PLATII
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, 15 institution: Residence before admission)
ANNE ADIMOET	a. STATE MARYLAND ANNE ARUNDEL
b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)
write RURAL and give nearest town) ANNAPOLIS	
	ANNAPOLIS
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM?
U.S. NAVAL HOSPITAL, ANNAPOLIS	117 MARKET ST, ANNAPOLIS, MD. YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) GEORGINE (NMN)	BUSCH DEATH MAY 10 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years FUNDER 1 YEAR FUNDER 24 HRS last birthday) Months Days Hours Min.
FEMALE CAUC WIDOWED DIVORCED	17 JANUARY 1894 73 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
HOUSEWIFE HOME	BALTIMORE, MD. CQUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis LANGOHR	MARY WINENER
15. WAS DECLASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (If yes give war of dates of service)	shooping James
LIP CANOT OF DEATH (Faces and	S. MORICHINE WORE)
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: THROMPOSES LEFT M	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) THROMBOSES LEFT M	IDDLE CEREBRAL ARTERY
X DUE TO	
cenditions, if any, which (b) CEREBRAL ARTERIOS	CLEROSIS 7 years
gave rise to immediate cause (a), stating the DUE TD	
underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
[EA]	YES NO DE
ZDa. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART OF	
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)
≥ p.m. 19 at work	
21. I certify that (I) (this hospital) attended the deceased from	29 March , 1967 to 10 May , 1967 , that (I) (we) last
	death occurred at 2:19M, from the causes and on the date stated above.
22a SIGNATURE	ATTENDING MED. STAFF
Dany & waget M.D	DIRECTOR PHYS. X 10 /1044 1441
PHYSICIAN'S NAME (Type) B. J. COUGHLIN, UT MC USNR	U.S. NAVAL HOSPITAL, ANNAPOLIS, MD.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) K In I'm	Intinual Hunandis Mr.
24. FUNERAL DIRECTOR ADDRESS	258. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE
JOHN TAYLOR & SON FUNERAL HOME	May a a sport Milionela. Quedalla
I DUKE OF GLOUCESTER ST., ANNAPOLIS, MD.	DATMAY 2. 1961



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	96098	3			CERTIFIC	ATE	OF DEATH			4	12087	7
1	PLACE OF DEATH						2. USUAL RESIDENCE (Where deceo	sed lived, if institu	ution Resident	e before admis	s on)
	o. COUNTY	nne Arunde	1		MARYLAN	10	o. STATE Mary		b. COI	UNTY	ne Arur	4 .
	b CITY OR TOWN (If autside carparate limit		C LENGT	H OF STAY IN 1		c CITY OR TOWN (If ou		ate limits, write RI	-		1-01
		d give nearest town)					Anna	polis			19.1	
-		A. OR INSTITUTION (If n	at in haspital,	give street	address)		d STREET ADDRESS	POTTS			a IS RE	
		Arundel G					1912	Enic	fax Road	ı	YES ON A	FARM?
3	NAME OF		rst	UOSP	Middle		lost	4 DATE	Mai Mai			(egr
	DECEASED (Type or print)	0sc	n Ir	EN	GENE		CHERRY	OF DEATH	**	11.42	1 19	
S	SEX	6. COLOR OR RACE	7. MARRIED		VER MARRIED [77 8	DATE OF BIRTH		9 AGE (In years	IF UNDER		ER 24 HRS
	Mala	VIII Term	WIDOWED	S	DIVORCED [ecember 5.1	900	last birthaay)	Manths	Days Hours	Min
100	Male USLAL OCCUPATION	White V (Give kind of work dane	10b. K	IND OF BUS	SINESS OR		11 BIRTHPLACE (County	-		12 CIT	IZEN OF WHAT	
Dia l	25 SOU	life, organ if retiring	- d	IDESTRY A	1 17		, ,		ylvania	COI	JNTRY?	. s.
	FATHER'S NAME	//////		, ,	.,,,,,		14 MOTHER'S MAIDEN		y i valita		0.	
	()SCA	R CHE	RKY				ANNA	BEL	48	7		
		R IN U.S. ARMED FORCES?	16.	SOCIAL SEC	URITY NO.	17. 1	NFORMANT			ress		
(4	es, na, ar unknawn)	(If yes give war ar dates	of service)			14.1	WILL JAME	Re	AZLEY	-		
		EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(0)	(a), (b), a	nd (c).)	,					INTERVAL B ONSET AND	
	Conditions, if any rise to immediate stating the under last.	, which gave) le couse (a), ((b) A	TERL	158/4	00,	TIC HARK	7 01	52.15	7	10 YA	25
×	PART II OTHER SI	GNIFICANT CONDITIONS	ONTRIBLTING	TO DEATH !	BUT NOT RELATED	D TO T	HE TERMINAL DISEASE COM	IDITION GIV	EN IN PART 1(0)		19 WAS AU PERFOR	JTOPSY MED2
CERTIFICATION	206 ACCIDENT WAS	HYSEM.	1 005 0	1//	11/10	(-	0165	5/16	E FAL	URF	YES 🗌	NO [
	OR CONTR BUT NG	CAUSE OF DEATH MEDICAL EXAMINER)	200. D	COCKIDE HO	W MJORY OCCUI	KKEU {	Enter nature of injury in	ran I or ra	rr ii or liem 18.)			
MEDICAL	20c. TIME OF INJ. Hour or	JRY Month, Day, Year		NJURY OCC			E OF INJURY (Hame, form		(City or town)	(Co.	inty)	(State)
累	p.1	1.0	While at wo		While work	TOCIC	ary, street, office bldg., etc.)					
	1	fy that (I) (this has	1 /	ded the					10 / P7 H	1/ 196		(we) la
		eceased alive an_	30 A	2841	8.7, and	that	death occurred of	: 00-A	A from causes	ond on th	e date state	ed abov
	220. SIGNATURE	Della Mine	180	M.	10	M.D	ATTENDING PHYS	MED DIRECTOR	STAFF C	J 226 DA	TE S GNED	7
	22c. PHYSICIAN'S NAME (Type	EDWARD	J. B	ECI	4		73 FR	BUKL	IN ST	AUN.	FPOLI8	Mo
23	BUR AL, CREMAT OF SMOVAL HOPEOLY	ON, 23b DATE TH	ERFOF 1967	23c N/	LL CRS		TEMATORY CEM.	23d 10	OCATION (City or T	own)	(County)	(State)
2	6 HN M	TAYLOR	·SON	ANN	DDRESS APO LI	3	MD BATE	BY REGIST	867 Pol	REGISTRAR S SI	GNATURE CALLER	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then plaase remaye carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, or remayal, and in any eyent, within 72 haurs after dept. Page 4 may be retained by the haspital ar attending physician.

.3



MARYLAND STATE DEPARTMENT OF HEALTH

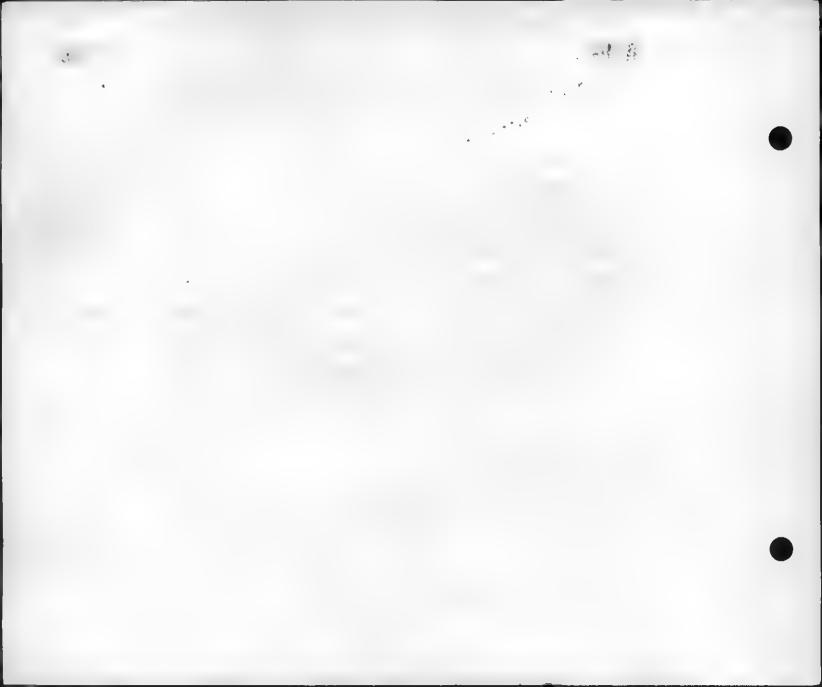
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06099	CERTIFICATE	E OF DEATH	36	088				
1	O. COUNTY ANNE ARU	NDEL MARYLAND	2 USUAL RESIDENCE (Where decorporate MARRY LA	eosed fived, if institution Residence b COUNTY	before odmission)				
	b CITY OR TOWN (If autside carparote limiter RURAL and give nearest town)		C LENGTH OF STAY IN 16 CLTY OR TOWN (If ourside corporate limits, write I						
	d. NAME OF HOSPITAL OR INSTITUTION (IF 1	at in hospitol, give street oddress)	925 Bouch	ER St.	B IS RESIDENCE ON A FARM? YES NO				
	(Type or print) SADIE	ELIZABETH C	HIPISTENSEN DEA	тн 5	Day Year 6 19 6 7				
	SEX 6 COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	6-22-1882	Blast birthday) Months	YEAR IF UNDER 24 HRS Doys Hours Min.				
du	la USUAL OCCUPATION (Give kind of work doni iring most of working file, even if retired)	HOUSEW, FE	11. BIRTHPLACE (County & State, or BALTIMOR)	A A (O)	ZEN OF WHAT				
13	CHARLES N. I	PAVIS	MOTHER'S MAIDEN NAME	ME CALL Address					
()	S. WAS DECEASED EVER IN U.S. ARMED FORCES! (If yes give wor or dotes	of service) MR	S. RALDH G. BE	HLKE MA	140, MD-				
	1B. CAUSE OF DEATH (Enter only one co PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE	(0) Orterceveleral	re Trait i	Uniace	ONSET AND DEATH				
	Conditions, if ony, which gove	(b)							
	stoting the underlying couse DU	E 10 (c)			Tro wis a Torry				
CERTIFICATION	Part II. OTHER SIGNIFICANT CONDITIONS Parmasoces	CONTRIBUTING TO DEATH BUT NOT RELATED TO			f9 WAS ALTOPSY PERFORMED? YES NO				
AL CERTIF	200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED	. ,	·	(5)				
MEDICAL	p.m. 17	While Nat Whife of work	ACE OF INJURY (Home, form, ctory, street, office bfdg., etc.)						
	21. I certify that (I) (this has sow the decreased olive on_	spital) attended the deceased from	of deoth occurred at 230A	M, from causes and on the	/, that (I) (we) lost e date stated above. TE SIGNED /				
	20 SHOWING AND SHO	ref Sport "	D ATTENDING MED DIRECTOR	STAFF -	8/67				
23	NAME (Type) EDWARD 30 BUR.AL (REMATION, 235 DATE TO	S. BECK HEREOF 1230 NAME OF CEMETERY OR	FRANKLIN SI	LOCATION (GHY OF TOWN) / A	(Sounty) (Stote)				
1		967 CEDAR BI	250 REC'D BY REG	INAPOSIS H. H.	1. MD.				
400	I. M. Torto & Son	1 (Lumportis m.	A. MAY O	1967 Polimelas	ander.				

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely titled in by the fundion director, page 3 should be detacted for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, which IZ hours after death.

TE BESTITAT DE ATTINDING PEYSICIAN: The law requires that the death certificate be executed within 24 haurs after de

Page 4 moy be retained by the hospital or ottending physician.



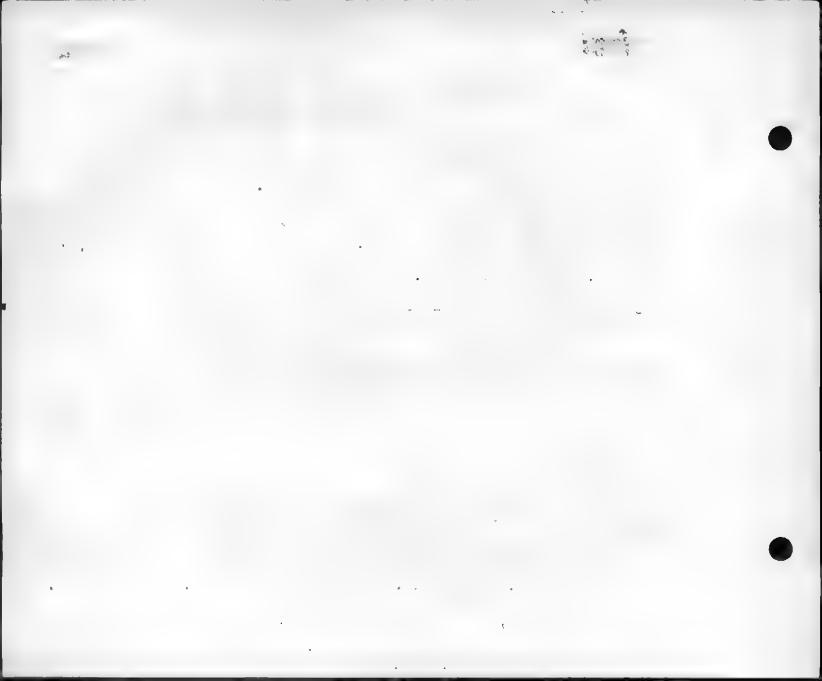
CEDTIFICATE OF DEATH

00000

		00.00			CERTIFICATE	OF DEF					JU.	.33	
1	1.	PLACE OF DEATH				2 USUAL RES	IDENCE (Where decea	sed itved, if i	nstitution.	Residence b	efare adm	issian)
7		a COUNTY	Anne Ar	undel	MARYLAND	a. STATE		yland		COUNTY			
		b CITY OR TOWN (I	autside carparate imits give nearest town)	,	c LENGTH OF STAY IN 16	c CITY OR TO	WN (if as	rtside corporc	ate limits, wri	te RURAL	and give ne	arest tawr	1)
		Annar	OLIS		7 days		She:	rwood	Forest	C.	. ,		
		d. NAME OF HOSPITA	L OR INSTITUTION (If no	t in haspitol, p	give street oddress)	d STREET ADD	RESS					e. 15 R	ESIDENCE A FARM?
			del Genera	1 Hosp	ital		119		ill R	oad		YES [NO 🗌
		NAME OF DECEASED	Fir	st	M∗ddle	Last		4. DATE OF	**	Month		Day	Year
		(Type or print)	Josep		Spencer	CLARK,	Jr.	DEATH		May		/	19 67
	5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8 DATE OF BIRT	H	9	AGE (In ye lost birthd		F UNDER 1 YE		IDER 24 HRS
	M	ale	White	WIDOWED	DIVORCED	June_29	190	06	1 -	yrs		13 1105	7.1
	.00	USUAL OCCUPATION	Give kind of work done		IND OF BUSINESS OR	11 BIRTHPLAC			reign country)		12 CITIZET		T
	aun	"emplioy"	le even il retredner	al ET	Wator Co.				Mary.	Land	U.S	RY?A.	
	13.	FATHER'S NAME				14. MOTHER'S	MAIDEN				-		
		J.	Spencer		Sr.			Anna	Gary				
	f5	WAS DECEASED EVE	IN L.S. ARMED FORCES? If yes give wor or doles o	16.		NFORMANT				Address			
	11:6	no or unknown)	it yes give wor or doles o	1 C)9-12-877年 Mi	rs. Am	ı, C	ary	Clark	S	herwo	od I	ores
			ATH (Enter only one cou	se per line for	(o), (b), and (c))	#		1					BETWEEN
		PART DEAT	H WAS CAUSED BY IMMEDIATE CAUSE	(0)	Londony	10	cl	662	-cm	1		ONSET AN	ID BEATH
		4201	- BHE	-	4	11		e A	. 1	,	_		
		Canditions, if any,		(b) COV	gertine	Thea	ug	10	cur l	ur	41:	5/	fre.
		rise to immediate couse (o), stoling the underlying cause										1+	,
		last.)	(0) 1-7	mary 6	nu	لسب	1/h	re-	an		56	Mr.
	2:	PART II OTHER SIG	NIFICANT CONDITIONS C	ONTRIBLEMS I	O DEATH BUT NOT RELATED TO	THE TERMINAL DI	SEASE CO	NDITION GIVE	EN IN PART I	(0)		19 WAS	AUTOPSY ORMED?
,	ATIO	Dia	beler	m.	Chi.	Sin	2	Let.	lin	,		YES X	
	CERTIFICATION	200 ACCIDENT WAS		20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of	injury in	Part I ar Por	rt d af item !	8 }			
	1 1	OR CONTRIBUTING ((IF EITHER, NOTIFY N											
	MEDICAL	20c TIME OF NU	RY Month, Doy, Year			CE OF INJURY (H			(City or tay	yn)	ytnuo)))	(Stote)
	뷯	Haur a.m	19	While of wof		ary, street, office	biag., etc.	,		_			
		21. I certif	y that (I) (t biscbax	acted) attenr	ded the deceased from_		,	9651	o May	7 5.	, 19_67	that (I) (ce) las
			ceased alive an	May 5	19 <u>67</u> , and tha	t death accu	rred at	^	1, from car				
		220 SIGNATURE	· in	11/1	10	ATTENDING		11:55 MED	STAFF		226. DATE S	IGNED	2
		100	with 1/1/2	ALLY	pluj MI	D PHYS	XX	DIRECTOR	LJ PHYS		<u> </u>	1.6	/
,		22c PHYSICIAN S NAME (Type)	Frank M.	Shirte	ev. M.D.	22d. ADDI		edral	St.,	ån n a:	molie	Md	,
1							J C G G I I						
	230	BURIAL, CREMATIO			23c. NAME OF CEMETERY OR				CATION (City			unty)	(Stote)
ŧ		200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	May 8	,190/	Loudon Pa			_	Balti			ryla	and
4		I. FUNERAL DIRECTOR		ld Hor	ne 6500 York	KC .		EM REGO	BY /		TO S SICH	wige	
	L L	IT COURT	-NIGHTIO.	101	me offer the	4414	DATE		1		(/		

DATE

IN MOSFILM BR ATTINITY FINALCIAM: The law requires that the demith curtificate be executed within 24 hmurs after death in by the funeral 2 hays TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban ppme should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within the Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DE	AT	Ή
-------------------	----	---

2015	470	~	303	
<1]	Jan.	8.3	411	
7. 8	4	73	200	

		PLACE OF DEATH				1 2		NCE (V	Vhere deced	sed lived, if institut		efore odmissi	on)
o. COUNTY Anne Arundel MA					MARYLAND		o. STATE Maryland b. COUNTY Anne Arunde						1
		b. CITY OR TOWN (c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
		write RURAL and		Severna Park									
		NAME OF HOSPIT		d STREET ADDRESS 6 IS RESIDENCE									
		Anne Arundal General Hospital				308 Balsam Drive							
		NAME OF	F	ILZ }	Middle		lost	1	4 DATE	Mont	h	Doy Ye	ear
		DECEASED (Type or print)	Edit	h	Jane	C	UMMING		OF DEATH	Mar	7	17 19	67
	5.		6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	7 8	DATE OF BIRTH			9 AGE (n veors	F UNDER 1 YE	AR IF UNDE	R 24 HRS
	F	Pemale	White	WIDOWED	DIVORCED	i	ov. 28,	18	81	lost birthdoy)	Months Do	ys Hours	Min
			Give kind of work done		ND OF BUSINESS OR		11 BIRTHPLACE (C	County	& Stote, or fo	oreign country)	12 CITIZET	OF WHAT	
	duri	ng most of working	of E	INI	TIOME-			WI	SCOW	1	COUNT	5.	
	13	FATHER'S NAME		A		1	4. MOTHER'S MA	AIDEN N	IAME	7			
		K04	ER	DWEK	US		ELER	UF	20				
	15.	WAS DECEASED BYE	R IN U.S. ARMED FORCES? (If yes give wor at dates	16 5	OCIAL SECURITY NO	175 INF	ORMANT		- 7	Addre	223	110	
	(16	NO.	(1) Yes give wor di doles	OI ZGIAV(6)		-A7	HERI	UE	1	.Cumr	11297	F 2	
		18 CAUSE OF DE	ATH (Enter on y one con	use per line for	(o)(b), ghd(d)	,	1-	0	1			INTERVAL BET	
			IMMEDIATE CAUSE	(0)	balky a	ret	uar 1	CL	Lle	20		011311 7410 1	
-		444	DUE	10 adi	rantica	a	rev.	147	red	arase	0		
		Conditions, if only,		was	runead	<	one	L	I.				
- 1		stoting the underlying couse OUE TO											
- 1		lost. (c) Perpertansero											
1	Z.	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?											
έ,	FICATION	mediastinal mass cosion: The trip, Thetheren YES NO ST											
	CERT FI	20a ACCIDENT WAS	UNDERLYING []	20b. DES	SCRIBE HOW HUURY OCCUR	RED (Ent	ter noture of mp	ו או עזט	Port I or Po	rt 11 of item 18)	25		
	30 13	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200 DESCRIBE HOW MIJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18)											
	MED.CAL	20c TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) While Not While foctory, street, office bdg, etc.)											
	₹	5-14 hour o.m. 6719 of work of											
		21. I certify that (1) (the constant attended the deceased from May 114, 1962, to May 17, 1967, that (1) (and last											
		saw the deceased alive an Nay 17, 19 67, and that death accurred at M, from causes and on the date stated above											
		220 SGNADURE 22b. DATE SIGNED ATTENDING NOT MED STAFF 22b. DATE SIGNED											
i		220 ADDRESS 220 ADDRESS 220 ADDRESS											
		NAME (Type) W. E. Landmesser, M.D. 121 Cathedral St., Annapolis, Md.											
	230	BUR AL, CREMAT C	IN, 236 DATE TH	EREOF	23c NAME OF CEMETERY	OR CRE				DCATION (City of To			Stote)
3	C	PEMOVAL (Specify	ON 5/17/	1967	FOAT LIN	COL	N CRE	14.	PRI	NCE 621	o. Co.	NO	,
	24	FUNERAL DIRECTO	R		ADDRESS			. REC'D	BY REGIST		G STRAR S SIGNA	TURE	10
	10	OHN M. T	AYLOR'SO.	NS AN	NAPOLIS 1	10	DAT	FAY	1.8	1967 80	Larles	ungi	•

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers: Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 2 bards after death. Page 4 may be retained by the hospital or attending physician.

IIII A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06102 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odm ssion) D. COUNTY b. COUNTY Anne Arundel Marvland MARYLAND Anne Arundel b. CFTY OR TDWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Anne Arundel General Hospital YES NO Y 300 Melvin 3. NAME OF Middle Lost Day DECEASED OF OEATH (Type or print) Carrie Evelyn 6. COLOR OR RACE 8. OATE OF BIRTH 9 AGE (In years EUNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Doys White Dec. 30. WIDOWED XX DIVORCED Female 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF CEATH (Enter only one couse per line for (c), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY HAMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove nse to immediate couse (o), **OUE TO** stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO XIX X 200 ACCIDENT WAS LINDERLYING 20b OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18) OR CONTRIBLE NG CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF NJURY Month, Day, Year (City or fown) (Stote) (County) Hour om foctory, street, office bldg , etc.) Not While 21. I certify that (I) (this happied) attended the deceased from A 1937, to May 18, 19 67 that (1) bod lost May 18. 19 67, and that death occurred at saw the deceased alive an_ M, from couses and on the date stated above. 22b OATES GNED M.D DIRECTOR PHYS PHYS 22t. PHYSICIAN'S 22d ADDRESS NAME (Type) OATE THEREOF NAME OF CEMETERY OR CREMATOR LOCATION (City or Town) (County) FUNERAL DURECTOR

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth attending p signed by the burnol-tronsit hos been Health certificote After TO FUNERAL DIRECTOR: director, page 3 should be filed v TO HOSPITAL

S. SEX

MED CAL

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admiss an) Anne Arundel o. COUNTY e a. STATE b COUNTY Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY N 16 c CITY OR TOWN (If autside corporate im to write RURA), and give nearest town) te RURAL and give negrest tawn) Killed On Highway after. d NAME OF HOSP TAL OR INSTITUT ON (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCI ON A FARM? 72 hours North Arundel Hospital Box 300 - ford Amueluvol YES NO E 3. NAME OF Therman First Midale 4 DATE Davis DECEASED OF , ...l a (Type or print) Davis DEATH 19 Thurman 5 SEX 6 COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED male lost birthday) Manths DIVORCED PE WIDOWED 10a USUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 11 BIRTHPLACE (State or fare an country) 12 CT ZEN OF WHAT dur no most of work no life, even if retired)
Crane Operator INDUSTRY S T COUNTRY? Oldtown, Md. γпо USA TEEL CO. 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME 5 Thurman A. Davis Mary I. Yaider ond 17. INFORMANT Mr. Thurman A. Duvis, Oldtown, Md IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOC AL SECURITY NO or removol, (Yes, no, ar inknown) (If yes a ve war or dates of service) Mrs. Mary Ann Davis, Baltimore, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) cremotion, DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse last burial, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO 🔀 ogent, prior to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Epter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. struck 20 PLACE OF INJURY (Hone, form 20d INJURY OCCURRED 20c TIME OF NURY Month, Day, Year (State) (City or tawn) (County) Hour am Not While factory, street, affice bldg., etc.) While ot wark ANO) at work 40 7 hours designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 🛩 ond in my opinion death resulted from Natural causes Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED Aus Reld ASSISTANT MED CAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER ö **EXAMINER'S** NAME (Type) Address (Street, city, town or county)

FUNE Health the VR A15ME (5) 6M 1/66

HEALTH

0 Poge

in pencil in Item 18. Give Pages

be executed within 24 hours ofter death

This certificate should certificate, writing the ward

EXAMINER:

DEPUTY

PM3.

along with

the Chief Medical

forworded

Stote Deportmen

permit.

burial-tronsit

0

used

pe.

3 should should i

moy be retained for your FUNERAL DIRECTOR: Page

funeral director

delay

James F. Scarpelli, Cumberland, Md.

230 BUR AL CREMATION,

May 18. 1967 24 FUNERAL DIRECTOR

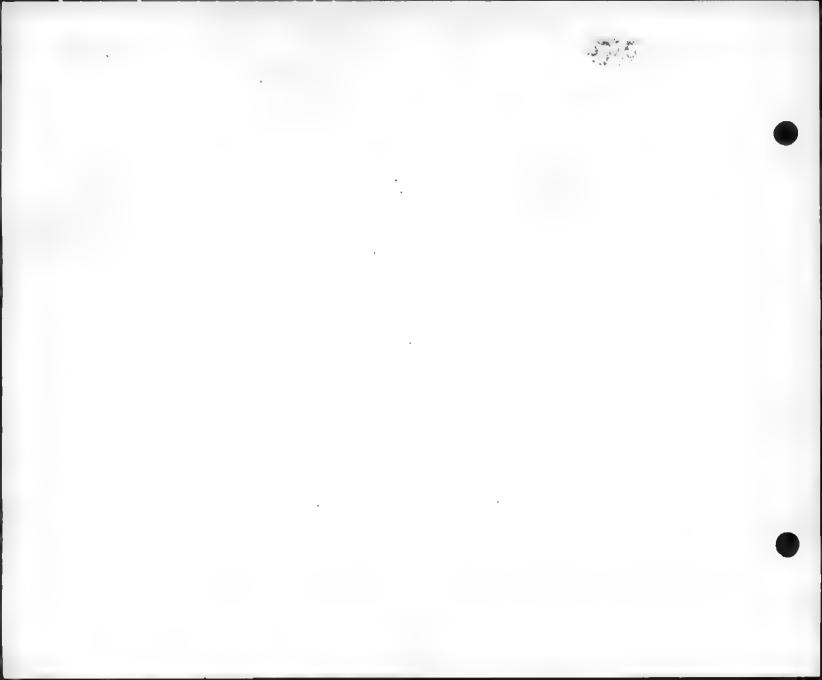
Mt. Herman Cemetery ADDRESS

23c NAME OF CEMETERY OR CREMATORY

REC D BY REGISTRAR

Cumbersand, Md. 2Sb REGISTRAR'S SIGNATURE

23d LOCATION (City or Town)



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

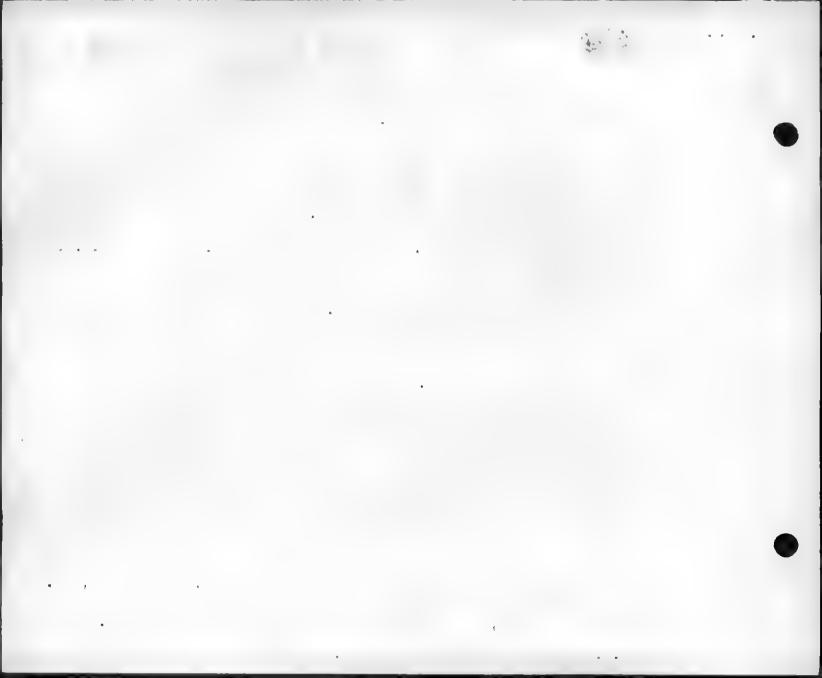
06164

CERTIFICATE OF DEATH

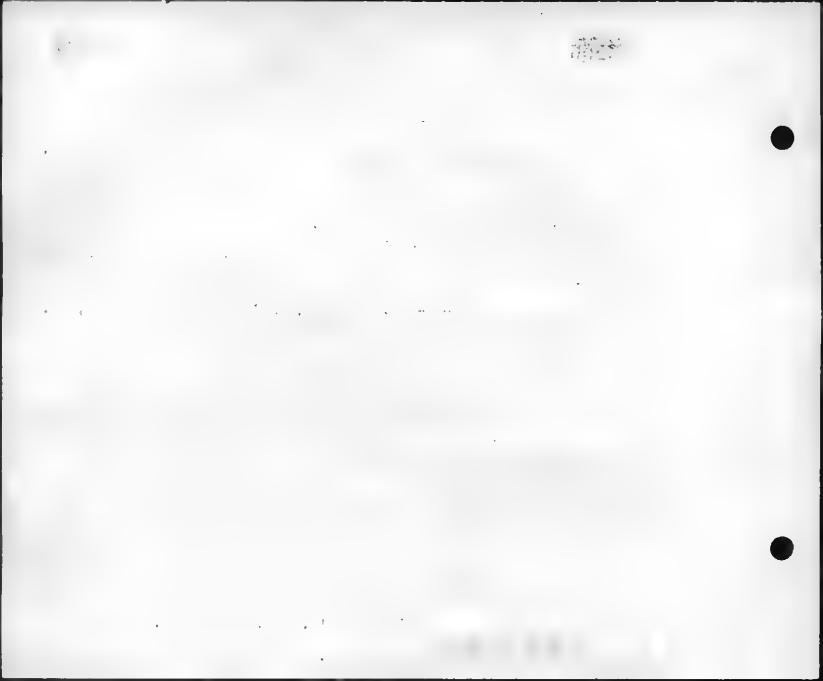
â	C	-	U	2
r. ji	3	4	2 18	Q)

24										*/	3000 20 00	
sly filled in by the Figheral on papers Pages I and 2 within 72 hours after death.			LACE OF DEATH COUNTY	Anne Arur	del	MARYEAN	D	2 USUAL RESIDENCE (No. STATE Mar	Where deceased yland			fore odmission) Arundel
of the	ı	b		(If outside corporate limit	rs,	C LENGTH OF STAY IN 11		c. CITY OR TOWN (If ou	itside corporate	mits, write RURA	U and give near	rest town)
by the fi Pages hours after			Glen	d g ve nearest town) Burnie		8 Yrs.			Burnie			
ers 72 h	1	d.	NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in hospital, g	ive street address)		d STREET ADDRESS				a IS RESIDENCE ON A FARM?
and campletely filled remave carban pape n any event, within 72	rI	1.	502	Stanhome (rive			502 Sta	nhome_	orive		YES NO X
<u>></u> 8 €	١,		AME OF ECEASED	f	irs†	Middle		tast	4 DATE OF	Month		lay Year
		T)	Abe at briut)	Merie		(NMI)		Deckert	OEATH	Мау		B 19 67
we c		s se	EX	6 COLOR OR RACE	7 MARRIED	NEVER MARRIED	- 1	DATE OF BIRTH		GE (In years	Months Day	
d co			Female	White	WIDOWED			Dec. 2,190	2 1	est birthday) 54 Yrs		
e e e				N (G ve kind af wark dane life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& State, or foreig	jn caentry)	12 CITIZEN COUNTR'	OF WHAT
cian eas(and				or (ret)	110	Mfg.		Baltimor	e. Md.			5.A.
is de la		13. I	FATHER S NAME	1,				14. MOTHER'S MAIDEN	NAME			
hen nav			FI	ederick So	chmelz			Marg	aret B	Eyer		
ding.		15	WAS DECEASED EV	ER IN U.S. ARMEO FORCES? (If yes give you or dates	of consists 16	SOCIAL SECURITY NO.	17 D	IFORMANT		Addres	S	
rmij 7, or		ξια»,	No	77/1/1/1/	21	2/30/3615	Mr	s. Jene Sp	ann	Same	as # 2	
signed by the attending physician and camplet burial-transit permit. Then please remave car burial, crematian, or remaval, and in any event,	Ī	Ť		EATH (Enter only one co	use per line far	(o), (b) and (c).)						NTERVAL BETWEEN
signed by the burial-transit burial, cremati				TH WAS CAUSED BY- IMMEDIATE CAUSE	(0)							ONSET AND DEATH
4 th 2.			21 1 1	7				Thom	1. 1.	010		
Sie is			Conditions, if an		(b)	orona	1	1 hro	in UO	412		
2 E Si -			rise ta immedia stating the unde		то	Daton	0	erolie.	10.7	- d.VO	ne	
t to			last	}	(c)/	Triono	Cl	groue.	n euri	ELT V CI	77	
has been size as the lith prior to the		<u> </u>	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING T	O DEATH BUT NOT RELATED	D TO TI	IE TERMINAL DISEASE COI	NOITION GIVEN I	N PART 1(a)	1	19. WAS ALTOPSY PERFORMEO?
et h		CERTIFICATION										YES NO
fi fi	ı	Ĭ.		S UNDERLYING CAUSE OF DEATH	205 DE	SCRIBE HOW INJURY OCCUI	RRED. (Enter noture of injury in	Part I or Part II	of item 18)		
t a				MEDICAL EXAMINER)								
After this certificate I be detached far us State Dept. af Healt		MEDICAL	20c. TIME OF INJ Hour o.	URY Month, Day, Year				E OF INJURY (Home, farn ry, street, affice bldg , etc.'		City or town)	(County)	(State)
ate l		墨		m 19	While at work		10610	ry, sneer, unice orag , erc.		De .	6	
# 9 S		Г				gd the deceased fra	m	,1	964_, to_	Maz	, 1967,	that (I) (we) las
# F F F F		1.		locodsod dility on	may	19.67, and	that	death accurred at	6H M,	fram causes a		
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health prior to			220. SIGNATURE	M	enh	aler,	M.O	ATTENOING PHYS.	MED OIRECTOR	STAFF D	22b. DATE ST	GNEO 67
E ge		-	22c. PHYSICIAN					22d. ADDRESS				
8 2 8			NAME (Type) 'Joseph	Taler			95 Aquah	art Rd	. Glen	Burnie	, Md.
S special	Ì	23a.	BURIAL, CREMATI	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEMETER	Y OR C	REMATORY	23d. LOCA	TION (City or Taw	n) (Cour	nty) (State)
o Pie	0		REMOVAL (Specif	al May 1	11.67	Loudon P	ark	Cemetery	Bal	timore.	Md.	
	1	24.	FUNERAL DIRECTO			ADDRESS		2So REC'I	D BY REGISTRAR	25b REG	ISTRAR'S SIGNAT	
VR A15 (4) 20 M 1/66	J.		R.V.	Singletor	n Gl	en Burnie.	МН	MAY	9 196	37 you	arles &	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has Page 4 may be retained by the haspital ar attending physician



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06105 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before agmission) o. COUNTY b. COUNTY MARYLAND wathin 24 haurs after Anne Arundel Marriand Maryland Anne Arundel
c CITY OR TOWN (if outside carporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (If autside carparate limits write RURAL and give nearest town) c LENGTH OF STAY IN 16 3 days North Linthicum Glen Burnie e IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in haspita, give street address) papers ON A FARM? ethermiled YES NO North Arundel Hospital 202 Hampton Rd NAME OF First Middle 4 DATE Eost Marth OF DECEASED event. DEATH (Type or print) Charles Detherow requires that the death certificate be executed AGE (n years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED maye last b rthday) QUD D-VOR CED WIDOWED Male White gug 10a USLAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, ar fareign country) 12 CIT ZEN OF WHAT during most of working life, even liketired) physician (ien please CiVIII Service COUNTRY? l, and Missouri
14. MOTHER'S MAIDEN NAME II S 13. FATHER'S NAME remaya Alpha Gallion Thomas W. Detherow IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Beaulieu, Linthicum, Md. (Yes, na. ar Linkhawn) (If yes give wor or dates af service 008-0390047 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) signed by the burial-transit ONSEJ AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying couse has been the ATTENDING PHYSICIAN: The low PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATION NO certificate þ 20g ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 4 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Hame, farm, 20d INJURY OCCURRED (City or town) (County) (State) After this 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, affice bldg , etc.) Not While at wark 21. I certify that (I) (this haspital) attended the deseased from be retained and that death accurred at 1240 AM, from causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS page 3 22d. ADDRESS 22c PHYSICIAIC O HOSPITAL NAME (Type) 2/06 director, p should be 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION BUTIST Baltimore Nat'l. Cemetery Balto, Maruland /15/67 24 FUNERAL DIRECTOR DATE Home/Glen Burnie. Md.



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 31	5106		CERTIFI	CAIL	UF DEATH		U	SUSP	
I. PLACE OF				1 2		Where deceased lived, it		nce before o	dmission)
o. COUNTY	e Arundel		MARYL	AND	o state		b COUNTY	y y	✓
b. CITY OR	TOWN (If outside corporate lin	mits,	c. LENGTH OF STAY IN	lb c	. CITY OR TOWN (If ou	rtside corporote limits, v	write RURAL and giv	re neorest to	own)
	URAL and give nearest town)		31 vears		Charten	Town Mary	Lond		
d NAME O	F HOSPITAL OR INSTITUTION (IF	not in hospitol, g	ive street oddress)		L STREET ADDRESS	TORU HATY	TAHU.	e	S RES DENCE
-	133 01 1	TT	-		D. O. D.	001 01	363	YES	ON A FARM?
3. NAME OF	nsville State	HOSP1TA	Middle		Rt 3 Box	33A Cheste	Month Month	Doy	Year
DECEASED (Type or p	ererr (ton			T		OF DENTH	5/	40	19 67
S SEX	6. COLOR OR RACE	7. MARRIED	McKinley McKinley		Orn DATE OF BIRTH	9. AGE (In		1 YEAR IF	UNDER 24 HRS
		WIDOWED	DIVORCED	園		Jost birt	hdoy) Months	Doys	Hours Min.
10a USUAL OC	(UPATION (Give kind of work do		ND OF BUSINESS OR		8/12/06	& Stote, or foreign count	γις.]	ITIZEN OF W	HAT
	working life, even if retired)		DUSTRY				., (1	DUNTRY?	TIS.
13 FATHER'S	MAME	l			Marylan Marylan Mother's Maden		U	SA	
				'	4 INDITIES THE DEST	NK) III.			
	1. a.m. Dorm ASED EVER IN US ARMED FORCE	52 16 1	OCIAL SECURITY NO.	17 INFO	Unkno	wn	Address		
(Yes, no, or un	known) (If yes give wor or date	es of service)	OCIAL SECURIT NO.				Vddie22		
			known	<u>l Ho</u>	<u>spital Rec</u>	ords			
	SE OF DEATH (Enter only one IT I. DEATH WAS CAUSED BY								AL BETWEEN AND DEATH
	IMMEDIATE CAU	ISE (o)CV	A					-	
Candina		UE TO		02:		Diagona			
	is, if any, which gove)	107	ertensive	Cardi	o vascular	Disease		-	
stoting t	he underlying couse D	UE TO							
lost.	,		izophranic					110.11	Ar AllTo Bell
S PART 1	OTHER SIGNIFICANT CONDITION	S CONTRIBUTING T	O DEATH BUT NOT RELA	ITED TO THE	TERMINAL DISEASE CO	ADITION G VEN IN PART	I(o)	19. W.	AS AUTOPSY RFORMED?
[S]								YES	□ NO [
CERTIFICATION ON CONTRACTOR ON	DENT WAS UNDERLYING EIBUTING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCC	CURRED. (En	er noture of injury in	Part I or Part II of Item	18.)		1
	, NOTIFY MEDICAL EXAMINER)								
20¢ TIM	E OF INJURY Month, Day, Year Hour o.m.	20d IN While	USURY OCCURRED Not While		OF INJURY (Home, farm street, office bldg , etc.)		town) (Co	ounty)	(Stote)
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	p.m.	ot work		140007					
	I certify that (I) (this h	gspital) attend				9 <u>35</u> , ta <u>5/</u>			(I) (we) la
	the deceased alive an	5/10-	19 <u>_6</u> -/, a	nd that d	eath accurred at	2:50 M, fram a			stated abay
220. 510	NATURE 1		DI		ATTENDING	MED STA		ATE SIGNED	
	VV	mun	16	M.D	PHYS	DIRECTOR PHY	s. LJ 5/	11/67	
	YSICIAN'S ME (Type)	/	70		22d. ADDRESS				
	Kened	ict M.D.				wille Stat			
23o. BURIAL, REMOVA		11-	23c. NAME OF CEMET	TERY OR CRE	MATORY	23d. LOCATION (Ci	ty or Town)	(County)	(State)
	7 64	5/6/							
24 FUNERAL		,	ADDRESS	_) MAY	BY REGISTRAR	25b. REGISTRAR S		
12 su	nett Wallay		haster	Town	M & DATE	1 6 1967	ychone	Do June	444

Chaster Town nd

TO HORAITAL OR ATTEMPING PRYSICEMPI: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and confiblately filled in by the funeral director, page 3 shauld be detoched for use as the bur al transit permit. Then please remove carbon papers. Pages 1 and should be liled with the State Dept. of Health prorto burial, cremation, or remova, and in ony entire, within 72 hours after dept. Page 4 may be retained by the haspital or ottending physician.

VR A15 (4) 25M 1/67



TO KOSPITAL OR ATTENTING PHYSICIAN: The law requirem that the death certificate be exemuted within 24 hours after meath. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I send should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any evept, within 72 hours after death.

	MARYLAND STATE DEPARTMENT OF HEALTH		
CAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE	1,	MARYLAND
			500 to 500 500

	DIVISION OF STATISTICAL RESEARCH AND RECORD	S, 301 W. PRESTON STREET, BALTIMORE 1, N	MARYLAND
<u> </u> _	96187 CERTIFICAT	TE OF DEATH	1006
1.	PLACE OF DEATH a COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	esidence before admission)
	and drundel MARYLAND	Maryland ANN a	rundle
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b) write RURAL and glyp_nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
1	Canapalia	anuapoles	
١.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS	o. IS RESIDENCE ON A FARM?
-	Naval Hospital Annapolis Ma	VI. 250 A. Hell' I op dane	YES NO 12
3.	NAME OF DECEASED FIRST Middle	Last 4. DATE Month	Day Year
5.	(Type or print) Funand SEX 6. COLOR OR RACE 7 MARPIER IN NECE MARPIER IT	B. DATE OF BIRTH 9. AGE (In years IFUNDER	1967
1	AA . O CO MARKIED 2 NEVAK MARKIED	last birthday) Months I	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR	11 JUNE THE LACE (County & State, or foreign country) 12. C	ITIZEN OF WHAT
du	Ing most of working life, even if retired) NAVAL OFFICE	0 0 0 0	DUNTRY?
13	VI J.V.	14. MOTHER'S MAIDEN NAME	(3/11
	Cyrus Dow.	anna Kaller	
1!	. WAS ACCEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.		0
1"	Ves B-Jun 191 3-2 579-521309	Helen Dow 250 A He	letupatione
	QB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL (N.	FARCTION	2120 29 MAY
	, DUE TO	, ,/	10/
	Cenditions, if any, which and rise to immediate (b) ARTERIO SCLEROTT	C HEART VISEASE	2235 27 MAILY
	cause (a), stating the DUE TO		
I	underlying cause last, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REI	ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1/2)	19. WAS AUTOPSY
ATIC	THE THE STATE OF T	WIEN TO THE TERMINAL DISEASE COMMITTOR STREET, MAN 1/4)	PERFORMED?
IE I	20a. ACCIDENT WAS UNDERLYING [1] 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18	
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		•
CAL	20c. TIME OF INJURY Month, Day, Year 1 20d, INJURY OCCURRED 120e, PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
MEDICAL	Hour a.m. p,m, 19 at work at work	ory, street, office bldg., etc.)	
ac.	21. I certify that (I) (this hospital) attended the deceased from_	, 19, to, 19	that (I) (we) last
П	saw the deceased alive on	at death occurred atM, from the causes and on t	
	228. SIGNATURE	ATTENDING MED. STAFF	ATE SIGNED
'	22c. PHYSICIAN'S M.	DIRECTOR PHYS.	11/646/_
	NAME (Type)	11 S. NAUDL HOSP AVI	APOLIS MD
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or co	
-4	SURTHE STUNE 1967 ARLINGTON	ATIONAL CEM ARZINGTON	/A.
2	FUNERAL DIRECTOR ADDRESS		S SIGNATURE
Ł	OHN M. TAYLOR. SON ANNAPOLIS MI	2. DATE HALE 1997 Ochorl	as andec
		JUN 5 1967 /	

VR A15 (4) 20M 1/65

.

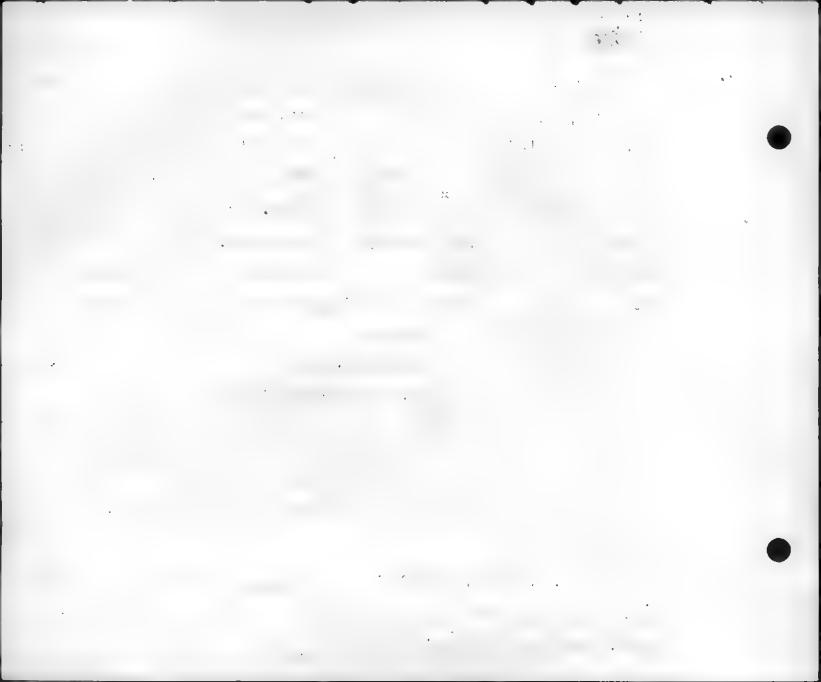
17 11/10 1

3

977

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY after ANNE ARUNDEL MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b papers. Pagi write RURAL and give nearest town) hours ANNAPOLIS .≡ ANNAPOLIS. MD d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? filled d. STREET ADDRESS 8 ARBOR HILL ROAD U.S. NAVAL HOSPITAL NO KK YES e commercely ve carbon NAME OF First Middle DATE Last Month DECEASED 0F 8 DUNBAR MAY 67 PAUL MAURICE (Type or print) in any event, DEATH 19 executed еточе-5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months I MALE CAUC Days Hours alld 1914 WIDOWED [DIVORCED . DECEMBER 52 yrs. 12. CITIZEN OF WHAT ■ysicia n please r 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) during most of working life, even if retired) NDUSTR COUNTRY? and USN RET certificate removal. 13. EATHER'S NAME MOTHER'S MAIDEN NAME attending | 15. WAS DECEASED EVER IN U.S. ARMFD FORCES? 16. SOCIAL SECURITY NO. INFORMANT 17. Address Ь death (Yes, no, or unkown) (If yes give war or dates of service) 410 cremation, Per Per 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by tanged by tanged our interest tanged to the sign of the ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPOTENSION or attending physician. burial-t burial, DUE TO 6 hours PULMONARY EMBOLUS Cenditions, If any, which (b) een gave rise to immediate prior to the DUE TO cause (a), stating the ARTERIOSCLEROTIC HEART DISEASE underlying cause last. Sill SB (c) 8 WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. for use Health use CATI PERFORMED? This mertificate detached for use YES TO NO T CERTIFI OR ATTENDING PHYSICIAN: be retained by the hospital 20a, ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) ö OR CONTRIBUTING | CAUSE OF DEATH Dept. (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) be de State Hour a.m. Affer While Not While 19 at work at work p.m. ъ March 67. to 8 May 1967 age 3 should led with the 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 1:30 M, from the causes and on the date stated above. 6 saw the/deceased alive on. 22a. SIGNATURE DATE SIGNED 22b. page ATTENDING MED. STAFF Page 4 may b PHYS. DIRECTOR M.D. PHYS. 22c. PHYSICIAN'S TO PRINERAL 22d. ADDRESS director, p should be 1 NAME (Type) FORNES, LCDR MC LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b, DATE THEREOF 23с. NAME OF CEMETERY OR CREMATORY FUNERAL DIRECTOR REC'D 25b. 25a. OF GLOUCES VR A15 (4) 20M

MARYLAND STATE DEPARTMENT OF HEALTH



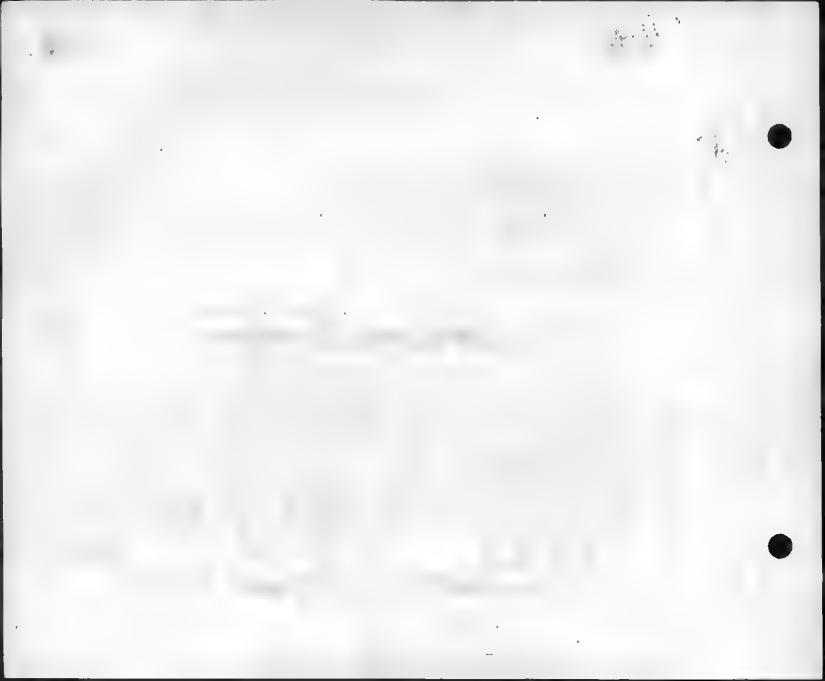
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH E MO hours after death 1. PLACE DF DEATH-2. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) MARYLAND b. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) i completely filled in by t ove carbon papers. Page y evmnt, within 72 hours a Paradica, Ma d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) O. IS RESIDENCE DN A FARM? d. STREET ADDRESS NO X YES n and completely f. remove carbon part in any event, within be executed within NAME DE Month Middle DATE Year Last Day DECEASED OF DEATH 1967 Ken nace (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RAGE DATE OF BIRTH NEVER MARRIED last birthday) Months I Days Hours MIDOWED DIVORCED [Yrs. lease re and in a nding physician a 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? 26.5.4 Tavem Recken certificate n signed by the attending phy burial-transit permit. Then pl burial, cremation, or removal, 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unknown) (If yes give war or dates of service) exaction. 1210. 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b) INTERVAL BETWEEN ONSET AND DEATH and (c). **OR ATTENDING PHYSICIAN:** The law requires that the be retained by the hospital or attending physician. by PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) this certificate has been signed OUE TO Conditions, if any, which (b) gave rise to immediate as the prior to DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY be detached for use State Dept. of Health PERFORMED? 2 411 605 ND S 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) factory, street, office bldg., etc. After Id be d Hour a.m. While Not While 19 at work at work TO FUNERAL DIRECTOR: Af director, page 3 should be should be tiled with the S Home 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at 12M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENOING PHYS. MEO. DIRECTOR TO HOSPITAL (Page 4 may 1 M.D. 22c. PHYSICIAN'S 22d. **ADDRESS** NAME (Type) 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. **ADDRESS** VR A15 (4) DATE 15M 4-64



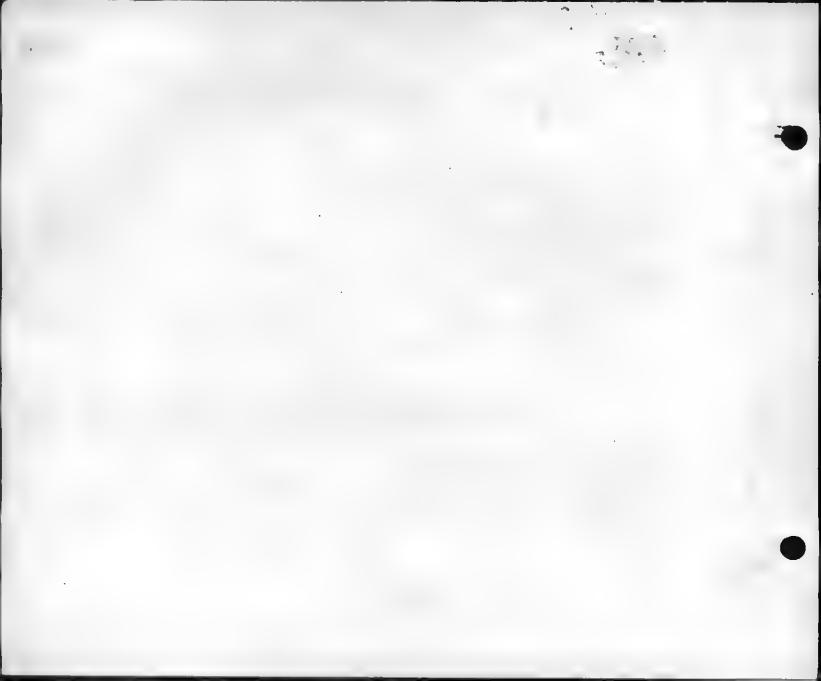
VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OCERTIFICATE OF DEATH

1.	PLACE OF DEATH a. COUNTY		E (Where deceased lived, It Inst	titution: Residence before admission)
	Anne Erundel MARYLAND	n, STATE Marvl	and b. coun	ne arundel
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (IF	outside corporate limits, wri	te RURAL and give nearest town)
_	Annapolis, Md.	Annapolis		10 prointing
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Anne Arundel General	1105 Br	ashears Ave.,	YES NO
3.	DECEASED	Last	4. DATE Month	
_		HTERHOFF	DEATH May	
5.	7. MARKIED [MEYER MARKIED]	8. DATE OF BIRTH	last birthday)	MONTHS Days Hours Min.
		Aug. 20, 188	3 83 yrs.	
10: du	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ring most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (Co	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
12	mechanic Automobile	Recklingha	usen Germany	USA
1,3	FATHER S NAME			
L	Hermenn Echterhoff	Maria Cre	Addres	
(Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. es, no, or unknown) (If yes give war or dates of service)	INFORMANT	Addres	18
	no 219-05-4782 Mrs	Bereard S.	Basil - same a	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		7	INTERVAL BETWEEN ONSET AND DEATH
П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARCHIERUM	(ast the	Tolk	3 mores
1	1 - UA DUE TO			
L	Conditions, if any, which }			
	gave rise to immediate (cause (a), stating the DUE TO			
	underlying cause last. (c)			
ĮŠ.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN	PART 1(a) 119. WAS AUTOPSY PERFORMED?
S				YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	JRRED. (Enter nature of	Injury in Part I or Part II o	f tem 18.}
		CE OF INJURY (Home, fa	rm, 201. (City or town)	(County) (State)
MEDICAL	Hour a.m. p.m. 19 While Not While at work at work	ory, street, office bldg., e	tc.)	
1-	21. I certify that (I) (this hospital) attended the deceased from	murch 1	967, to may 18	, 1967, that (I) (we) last
		t death occurred at_	D M, from the causes	and on the date stated above.
	22a. SIGNATURE		ATTER ATTER	22b. DATE SIGNED
	Co Luchaudh M.		MED. STAFF PHYS.	5/19/07
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	107	
	NAME (Type) E. LIN BORNT	anny	els many lon	<u> </u>
23	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'	Y OR CREMATORY	23d. LOCATION (City, to	own or county) (State)
	Burial May 22, 1967 Cedar Bluff		Annacolis	Anne Arundel Md.
2	LEVERTIES Hopping Janley Constant	25a. RE	0.00 %	A 40
	HOPPING FUNERAL HOME - Anna wis, Mary	and Me	1 1967 Och	enter Judge.
-		13111		



1		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR ST	1 1 1 1 1 1 1	06111 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06100	
HEALTH	DEPY.I	PLACE OF DEATH a. COUNTY 2. USUAL RESTRENCE (Where deceased lived, If institution: Relidence before admiss a. STATE b. COUNTY	lon)
Se as	E	MARYLAND MARYLAND C. LENGTH OF STAY IN 1b C. CMY, OR TOWN (If outside corporate limits, write RURAL and give nearest to	nu mi
funer funer may	deat deat	Arrite RURAL and give agarest town.	11117
lay cessar 3 to the funera Page 5 may b	after death.	d. NAME OF HOSPITAL OR INSTITUTION OF not in hospital, give stree (address) d. STREET ADDRESS) e. IS RESIDE! ON A FARM	NCE
ay Bag	State hours	Chilleneral Of Class XVI YES NO	X
a≡y del 2, and PM3.	72 h	NAME OF DECEASED (1796 or print) MOLES (1996	7
meig á	within 7	SEX 6. COLOR OR MACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24	HRS.
	at w	Temale Lee WIDOWED DIVORCED 6-20-1900 6 Cyrs.	
rs after des 18. Give Pa along with	y event	US. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II) BIRTHPLACE (State or Toreign country) 12. CITIZEN OF WHAT COUNTRY!	
	pages I in any	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME	,
4 ho	and	(5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	0/
ci in	permit. remoyal,	Yes, 110, or unknown) (If yes give war or dates of service) 219.262429 (Inna Turner (Inner (Inner)	W.
ted within in pencil i Examiner's	rem rem	18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: ONS TAND DEATH	EN
executading" ical Ex	burlai-transit cremation, or	434, b) DUE TO CLUSTER OF THE TO	_
be exe pendin Medica	burlai-tran cremation,	Conditions, if any, which gave rise to immediate (b)	,
3-0-0	EQ	cause (a), stating the DUE TO underlying cause last. (c)	
e Ch	ed as burial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF	PSY D7
liffical g the to th	\$ C C	YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)	
s certifi writing rded to	uld be prior	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
ificate, writing the be forwarded to the	3 shoul agent, p	20c. LIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State of the county)	0)
tiffice be	ted a	Hour a.m. p.m. 19 While at work Not Whil	nior
the certificate, should be form	ore fits designated a	death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined manner .	1101
	DIRECTOR: r its design	ACTUAL CHIEF MEDICAL EXAMINER CASCISTANT MEDICAL EXAMINER	MED
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUT	
ease exerctor.	funeral of Health of	EXAMINER'S Address (Street, city, town, or county)	57
please edirector.	of H of H	38. BURIAL CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City, town or county) (State	K.
	- ^	24. FUNERAC DIRECTOR DEPORT OF THE STATE OF	
VR №15 3500 4		William Klese HIWWW If a DATE	-



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	N	N		06112	CERTIFICATE	OF	DEATH		96101	
to	funeral s 1 and ter death	1/		LACE OF DEATH					on. Residence before admission	on)
- To	3- E		C	A. A.	MARYLAND	0. 3	Mary la	nd b. cou	A.A.	
aft	9 9 5	ı	t	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN IL	< CITY	OR TOWN (If outside	corporate limits, write RU	RAL and give nearest town)	
Urs	by Pa			Glen Burnie	kkfæ		Odento	n	× ×	
) 설	ers.	./	d	NAME OF HOSPITAL OR INSTITUTION (IE not	in hospital, give street address)	d STR	EET ADDRESS		a is resil on a f	DENCE ARM2
n 2,	filled in by th papers. Pag thin 72 haurs a	7		North Arundel Ho	poital	330	6 Baltimer	e Ave.	YES 🗌	NO 🍱
ŧ.				IAME OF First	Middle Eugene			DATE Mon	th Doy Yes	ar
70	mpletely ve carbon event wit		(Type or print) Jesse	E. Elerson			DEATH May		67
cute	E & 3	71	5 5	EX 6 COLOR OR RACE		DATE	OF BIRTH	9 AGE (In years last birthdoy)	Months Doys Hours	Min Min
×	remove n any ev		10	rate W	WIDOWED DIVORCED		15-84	83 yrs	10 (7177) 07 45147	1
100				USUAL OCCUPATION (Give kind of work done ig most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Parming		RTHPLACE (County & Sto ester, Ill	inois	12 CTIZEN OF WHAT COUNTRY?	
cate		ŀ	13	ratined FATHER'S NAME	, arming		OTHER'S MAIDEN NAME	Md.	II.S.A.	
崔	physician ten please taval, and i		10	Robert Emerson		1-96 1916		a Criley		
h ce	E TE	ŀ	15	WAS DECEASED EVER IN J.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17. IN	IFORMA	INT	Addr	ess	
that the death certificate be executed within 24 haurs after death. on.			(Ye	(If yes give wor or dotes of	service) 220-34-9219 Rot	ert	Emerson,	Odenton, Ma	ryland	
a e	(1)		7	18 CAUSE OF DEATH (Enter on y one couse	e per line for (d), (b), and (c).)				INTERVAL BET	
to .	/ th inside		- 1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c	O) Phermor	11.	n -		ONSET AND E	ÆAIH .
rion	trains 1 h		-	5 70 DUE T	10				1721	/
uire hysi	signed burial-t burial,			zite to immediate cours (a)	6) USPIKOTI	04			120	رس
red of pi				stoting the underlying couse	Mahales	-	Fana	6-1.6		
Pg-jg	as been as the prior to		-		a ucruinsi	<i>6</i> 7	C 10 p	100/07	I 19 WAS A. TO	ODCV
The affe		эĺ	S S	PART II, WHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO THE		INAL DISEASE CONDITIO	IN GIVEN IN PART I(0)	PERFORM	
# 5	cate hear use		2	200 ACCIDENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED. (E	v . p.	ture of injury in Port	or Port II of item IR)	ref YES .	MO C
PHYSICIAL he haspital	指力を		CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	200 SESTING HORE HOOK! SECONICS. (I	Lillot 110	note of adjust to room.	or ross se of nosic to y		
HYS	this cer letache Dept.		MEDICAL	20c. TIME OF INJURY Month, Doy, Year			URY (Home, form,	20f. (City or town)	(County) ((Stote)
0 -	te Det		WED	Hour o.m. p.m. 19	While Not While of work of at work	ry, stree	t, office bidg , etc.)			
TENDIN ined by	After 1 be de State		ı		rital) attended the deceased fram	10	ne , 195	8. to 2/20	, 19 <i>[2]</i> , that (I) (we) last
in ec	ould the			saw Me deceased alive an	5/26 1967, and they	death	accurred at //	15M, fram causes	and an the date stated	d above.
OR ATTEN be retained	DIRECTOR: ge 3 shavk led with the		-1	220-SHENATURE	0.0		ENDING MED	STAFF C	22b. DATE SIGNED	7
9 pe r	L DIR			2 HYSICIAN'S	rele M.D.		d. ADDRESS	CTOR LI PHYS. L	1 1/2/10	/ .
Page 4 may k	FUNERAL DI rectar, page ravid be filed	- 7		NAME (Type) A-Ph	US Trunhe	<	1113	00/401	on the all	elsh
10Si	FUNERAL director, p should be		23o	BURIAL, CREMATION, 236 DATE THER	REOF 234, NAME OF CEMETERY OR C	REMATO	RY :	23d. LOCATION (City or To	own) (County) (S	itote)
7 O P	O in in it	0		REMOVAL (Specify) Nay 30		lerv		Near Feder		land
		20	24	FUNERAL DIRECTOR Franciston	ADDRESS ADDRESS		2So REC'D BY	-7	EGISTRAR'S SIGNATURE	
	VR A15 (4) 120 M 1/66	J	J.	J. Framptom and So	d, Federalsburg, Mary	ylan	ad MIN 1	1967	lianley Judge	



ANNE ARUNDEL

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201

MARYLAND

CERTIFICATE

	,			
OF DEATH			30:	102
2 USUAL RESIDENCE (1 o. STATE MAI	Where deceosed in	b COUNTY AN	dence before o	dmission) NDEL
COTY OR TOWN (IF OU GLEN BURN)		mits, write RURAL and	give nearest to	wn)
SIREET ADDRESS	BROOK RO	AD	e I C YES	S RESIDENCE ON A FARM? NO 🔀
Lost	4 DATE	Month	Doy	Year
AIST	OF DEATH	May	22	19 67
DATE OF BIRTH	0 AC	E (In years IE ONE	SED I VEAD TE	THURSD OF HOS

- 1												
ſ		If outside corporate limits,	_	c. LENGTH OF STAY I	N lb	c CITY OR TOWN (If or	7	orote limits, write RUI	RAL and give	neorest	fown)	
L	FORT GE	DINGEOR ! TO MEAD	也	40 Min		GLEN BURN	LE		4	، نیم	/	
_	d NAME OF HOSPIT	AL OR INSTITUTION (If not	n hospital, gr	ive street oddress)		d STREET ADDRESS				e	ON A FA	
	V TMRKOO	GH ARMY HOSP	FTAL			lll MAMD]	BROOK	ROAD		Y		NO 🔀
ŧ	NAME OF	First		Middle		Lost	4 DAT	E Mant	ħ	Doy	Yeo	2F
IL.	(Type or print)	Not Named]	FAIST	OF DEA	n May		22	19	67
	S SEX		7. MARRIED	NEVER MARRIED	[3]	8 DATE OF BIRTH		9 AGE (In years lost birthday)	Months I		IF UNDER	
+	Female	Cau	WIDOWED	DIVORCED		22 May 67		yrs vicinity	MOITIUS	Days	Hours	40
	10a USUAL OCCUPATION	(Give kind of work done	10b KIN	NO OF BUSINESS OR PUSTRY None		11 BIRTHPLACE (County	& Stote, or	foreign country)		ZEN OF JNTRY?	WHAT	
ľ	None	ille, even a remouj	INL	None		Anne Arund	del,	Md		SA		
Г	13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	David 0	. Faist				Beverly L.	. Clo	ugh				
Γ	IS. WAS DECEASED EVE	R IN U.S ARMED FORCES? (If yes give war, or dotes of s	16. S	OCIAL SECURITY NO.		NFORMANT (moth	ner)	Addre				
L	No	N/A		N/A	Bev	verly L.Fais	11رت8	ll Wyndbr	ook Ro	l,Gl	enBu	mie
		EATH (Enter only one couse TH WAS CAUSED BY									RVAL BET	
ı	PAKIT ULA	IMMEDIATE CAUSE (o)	Pre	ematurity						ONS	C1 MIND U	CAIR
	1. 75	7.7 DUE TO	Hor	seshoe Ki	dnev					110	iku	11101
	Conditions, if ony	e couse (a))	DCDIIOC III	u110.J					200	CYULU	e po M
	stoting the unde	rlying couse DUE IC	E'd.e	ema								
1	last.) (c	·							<u> </u>		
	PART II. OTHER SI	GNIFICANT CONDITIONS CON	TRIBUTING TO	O DEATH BUT NOT REL	ATED TO 1	THE TERMINAL DISEASE COI	NDITION G	IVEN IN PART 1(o)			WAS AUTO PERFORM	DPSY ED?
	5		T							YE	S 😿	NO 📗
		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OF	CURRED	(Enter nature of injury in	Port or I	Port II of stem 18)				
		MEDICAL EXAMINER)	1 200 101	JURY OCCURRED	00 011	Cr. Or Incompy In	200	(6.)	10-	- 4)	,	51.1.7
	20c. TIME OF INJ.		While	Not While		CE OF INJURY (Home, form ory, street, office bldg , etc.		(City or town)	(Cor	ητγ)	(State)
ľ	p.i		ot work		,	OO Moss	10 5 7	00 Ma	10 6	. 7	. 360 (1.4
		fy that≰t) (this haspi eceased alive an	all attend	ed the deceased	iram	t death accurred at	9.67	to 22 Ma;	y, 19_0	ک, tho	17(H) (1	we) last
	220. SIGNATURE		D Packy	17	and inid	r death accourse at		an, morn cocses	22b DA			anave
1	720. 310393610	ichack M.	Face		M.[ATTENDING PHYS	MED DIRECTOR	STAFF PHYS.			y 19	67
	22c. PHYSICIAN'S	RICHARD M.F	OXX .CF	T.MC		22d ADDRESS K I MERCI ICH	H ARM	Y HOSP ET	GEO O	1 ME	ADE:	MD

230 BUR AL, CREMAT ON, BURNAL (Specify)

24. FUNERAL DIRECTOR

236 DATE THEREOF May 26, 1967

Wade, Laurel, Maryland

23c NAME OF CEMETERY OR CREMATORY

ADDRESS

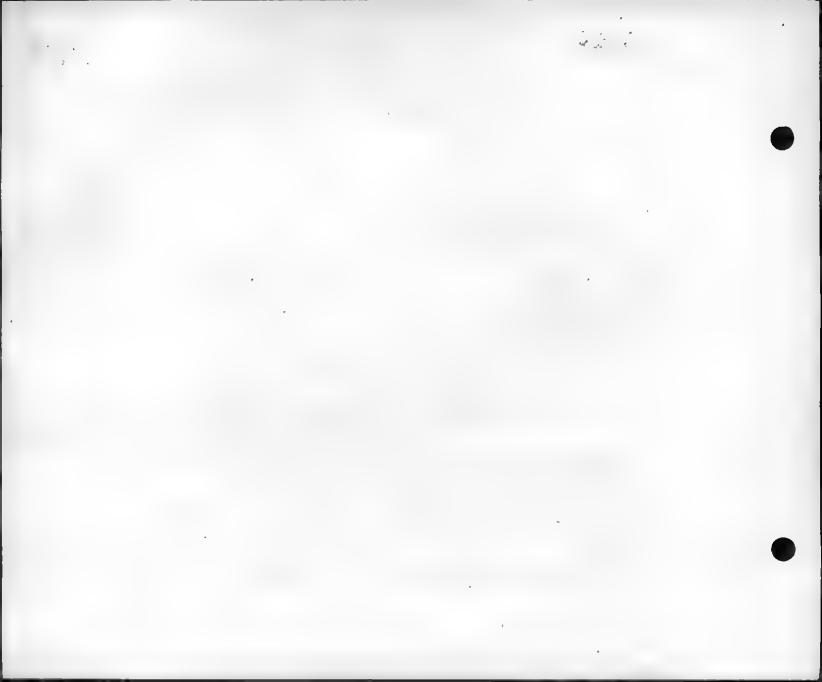
Baltimore National Cem.

Baltimore

23d. LOCATION (City or Town)

Maryland REC'D BY REGISTRAR

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EYAMINED'S CERTIFICATE OF

				1716	DICAL EXAMIN	LIV 3	CERTIFICATE	J1 DE7	*****	U_	1.0.1	1	
)		COUNTY ANNE ARU	INDET		MARYL	AND	2. USUAL RESIDENCE o. STATE	(Where dec	eosed lived, if institu b. COU		nce befor	e odmissio	in)
	t	CITY OR TOWN (f outside corparate limited give neorest town)	S,	c LENGTH OF STAY N		c CITY OR TOWN (If auts de carporate limits, write RURAL and give nearest town)						
	(NAME OF HOSPIT	AL OR INSTITUTION (fin				d STREET ADDRESS					ON A FA	
	-	CROWNSV.	LLLE STATE	HOSPII	A L Middle	-	Lost	4 DATI	Mon	.al.			
		DECEASED			Models	,	FERGUSON	OF			Doy 16	19	67
	5	Type ar pnnt)	6 COLOR OR RACE	LTAM 7 MARRIED	NEVER MARRIED		B DATE OF BIRTH	DEAT	9 AGE (n years	IF UNDER		IF UNDER	
		ſale	White	WIDOWE					lost birthdoy) 62 Pyrs	Manths	Doys	Hours	Mon
			(Give kind of work done life, even if retired)		KIND OF BUSINESS OR INDUSTRY		II BIRTHPLACE (Stot	e or fore gn	country)		TIZEN OF DUNTRY?		
	13.	FATHER S NAME					14 MOTHER'S MAIDEN	NAME					
	15 (Ye	WAS DECEASED EVE s, no, or unknown)	R IN U.S. ARMED FORCES? I(If yes give wor or dotes	of service)	S SOCIAL SECURITY NO	17	INFORMANT		Add	ress			
V		1B CAUSE OF D PART 1 DEA HG1/X Canditions, if any nse to immedial stoting the under lost.	, which gave) e couse (a).	T	ar(a)(b) and(c)) 3ilateral br	onc	hopneumonia					ERVAL BET SET AND D	
,	8	PART I OTHER S	GNIFICANT CONDITIONS		TO DEATH BUT NOT RELA	TED TO	THE TERM NAL DISEASE CO	ND TON G	VEN IN PART 1(o)			WAS AUTO PERFORM ES XX	
/	CERT FICATION	20g EXTERNAL CA PRIMARY G or CO CAUSE OF DEATH			Arterioscler DESCRIBE HOW INJURY OC						Y	E (Q)	NO _
	MEDICAL	20c TIME OF INJ Hour o.	URY Month, Day Yeor m. m. 19	Whi			ACE OF INJURY (Home for tary, street, office bldg, et		(City or town,	(((iunty)	(State)
		21 certif	y that I took chare	e of the n	emains described ab	ave, h	e d an Autopsy 🕱	Inspe	ction , Inq	ury 🗍.	and	ın my	opinia
		death resul		al causes			cide 🔲, Hamicid	e	Undetermined n	nanner [,	,
		ACTUAL SIGNATURE	03	Mu	her		CHIEF MEDICA M.D. ASSISTANT ME				1	22. DATE	SIGNED
2		EXAMINER'S NAME (Type)	RUSSELL S.	FISHEI	R, M.Ď.		DEPUTY MFDI Address (Stre				5-	17-6	7
	230	BUR A. CREMATI- REMOVAL (Specif	0h) 23b DATE TH	EREOF	23c NAME OF CEME	ERY OR	dischool		OCATION (GITY OF TO	WK	(County	d	tote)
N.	24	FUNERAL DIRECTO)R		ADDRESS		2So REC	D BY REGI		EGISTRAR'S			t

VR A15ME (5)

FOR STATE

necessory, please execute the certificate, writing the word pending in perting Item 18 Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Expanses. Office along with farm. PM3. Page 5 may be retained for your files

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of

Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death.

This cert ficate sham! be executed within 24 haurs after death 1f

TO DEPUTY MEMORIAL EMAMILES:

y deloy is

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft signed by has been detached

be retained

CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission o. COUNTY n. STATE b COUNTY papers. Pages I nin 72 haurs after MARYLAND CATY OR TOWN (If outside corporate limits, write RIRAL and give nearest town) c LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits ON (If not in hospital, give street oddress) STREET ADDRESS NAME OF Meddle DECEASED (Type or print DEATH AGE (In yea 7 MARRIED NEVER MARRIED QUÀ WIDOWED DIVORCED 106 KIND OF BUSINESS OR cremation, or removal, DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO of wiknown) (If yes give wor or dates of service) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute Myocardial Infarction DUE TO buria! Conditions, if ony, which gove nse to immediate couse (a), DUE TO for use as the p f Health prior tab stoting the underlying couse PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 200 ACCIDENT WAS JNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF IN. JRY (Home, form, (City or town) Not While foctory, street, office bldg., etc.) TO FUNERAL DIRECTOR: After 21. 1 certify that (1) (this haspital) attended the deceased fram only on . 19 toMay 16 , 19.67, that (1) (we) last filed with the saw the deceased alive an May 16 and that death accurred at 7:30 M. from causes and an the date stated above. 226. DATE SIGNED ATTENDING May 17, 1967 MD DIRECTOR TO HOSPITAL (Page 4 may b 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) 110 Clay St., Annapolis, Md., 211.01 L. Richardson. M.D. director, p 23b DATE THEREOF CATION (City of Town) REC O BY REGISTRAR VR A15 (4) 25M 1/67

ON A FARM? IF LINDER 1 YEAR Months 12 CIT.ZEN-OF WHAT INTERVAL BETWEEN ONSET AND DEATH 12 hours

19 WAS ALTOPSY PERFORMED?

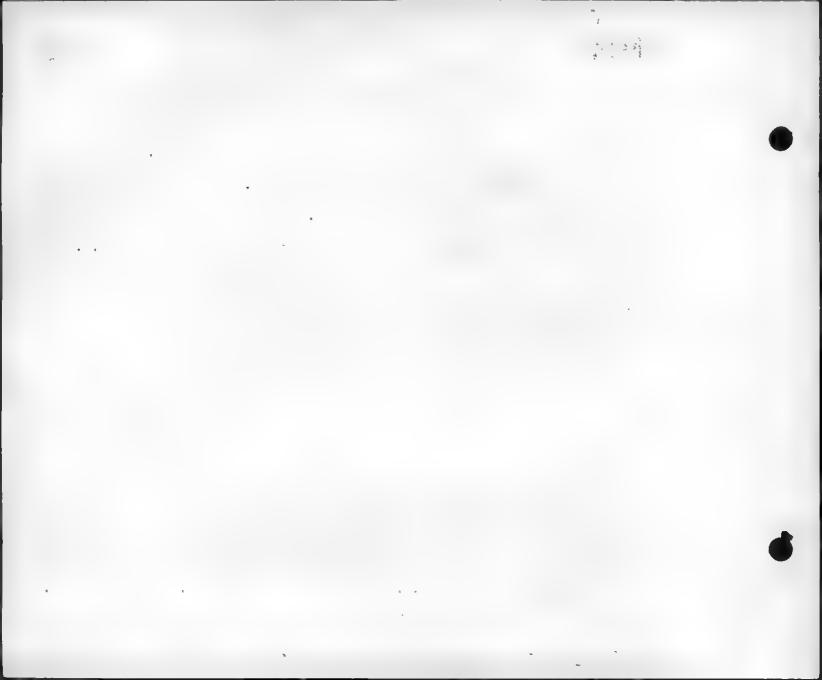
(County)

NO DO

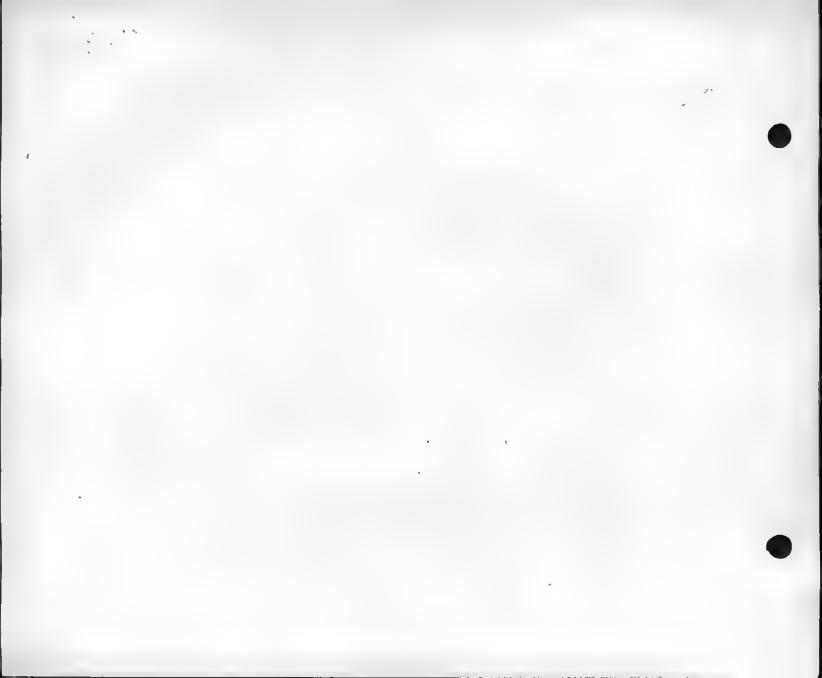
(State)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06115 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY Anne Arundel o. COUNTY Maryland Anne Arundel MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hours write RURAL and give nearest tawn) 5 days Arnold Annapolis ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Anne Arundel General Hospital Clifton Ave. YES 🔲 NO within NAME OF Middle 4 DATE Month Lost Year campletely avecarban DECEASED OF DEATH FOSTER. Sr. 10 Albert May 67 (Type or print) Thomas 19 requires that the death certificate be executed S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months White Dec. 15, 1922 and in any Male WIDOWED DIVORCED 100 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT during-most of working life, even if retired) physician en please INDUSTRY COUNTRY? Maryland 13 FATHER'S NAME MOTHER'S MAIDEN NAM ar remayal, WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, not or unknown) (If yes give war or dates of service) PART 1. DEATH WAS CAUSED BY. INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o). DUE TO stating the underlying couse prior tal peen last WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO XXX YES certificate ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (State) factory, street, office bldg., etc.) Hour o.m. While Not While at work After of work 21. I certify that (1) (NAK) RESERVED attended the deceased fram (Communication). May 9 19 67that (1) (304 last 1965 to be retained TO FUNERAL DIRECTOR: 19. 67, and that deoth accurred at saw the deceased alive an M, from causes and an the date stated above. 220 SIGNATURE 22b. DATE SIGNED XX DIRECTOR director, page 3 shauld be filed v M.D. PHYS. 22d ADDRESS 22c. PHYSICIAN S TO HOSPITAL NAME (Type) Barber C. Palmer 121 Cathedral St. Annapolis, M, D. 230 BUR AL CREMATION NAME OF CEMETERY OR CREMATORY DATE THEREOF EMOVAL (Specif FUNERAL DIRECTOR 256 REGISTRAR S SIGNATURI VR A15 (4) 25M 1/67 BAKKAINEE 5,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #8 & 9 Film CERTIFICATE OF PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY b COUNTY Anne Arundel 801 Morth Eutaw Street MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) Crownsville O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauf Baltimore d NAME OF HOSPITAL OR INSTITUTION (If not in hospitor, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? nla Crownsville State Hosnital YES [NO . 801 North Eutam Stree NAME OF Doy Year DECEASED (Type or print) DEATH 5/10. camplet Van B DATE OF BIRTH 1892 S. SEX 9 AuE (In years IF UNDER 6 COLOR OR RACE IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost b #thdoy) Months Hours WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? unknown unknown Germany
14. MOTHER'S MAIDEN NAME USA 13 FATHER'S NAME unknown unknown signed by the attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17 INFORMANT 16 SOCIAL SECURITY NO Address burial-transit permit. burial, crematian, ar re Hospital Records unknown 18 CAUSE OF DEATH (Enter only one couse per one for (o), (b), and (c))
PART I, DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH Preumonia RLL IMMEDIATE CAUSE (o). DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the 19 WAS AUTOPSY PERFORMED? nas PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (D) CBS ass. C TO FUNERAL DIRECTOR: After this certificate Atherosclerosis b DESCRIBE NOW MULRY OCCURRED (Enter notice of noury in Port For For II of item 18)
ell in wheel chair, hit his head with no neuralized 200 ACCIDENT WAS UNDERLYING [OR CONTR BUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF NJURY Month, Day, Year 20d INJURY OCCURRED = 20e PLACE OF NIURY (Home, form, (City or town) (County) (Stote) Hour om Craffing steet of the bidg , etc.) 67 Crownsville Md. State | 21. I certify that (1) (this hospital) attended the deceased from 3/10/ , 19.67 , ta_ . 19 67 that (I) (we) last 5/10 1967, and that death accurred at_ sow the deceased alive on_ M, fram causes and on the date stated above. 220 SIGNATURE 226 DATE S GNED 5/14/67 director, page 3 should be filed v M.D D-RECTOR PHYS 22c PHYSICIAN'S 22d ADDRESS Menedict Crownsville State Hospital NAME (Type) 230. BURIA. CREMATION REMOVAL (Specify) 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) REGISTRAR TO TO 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

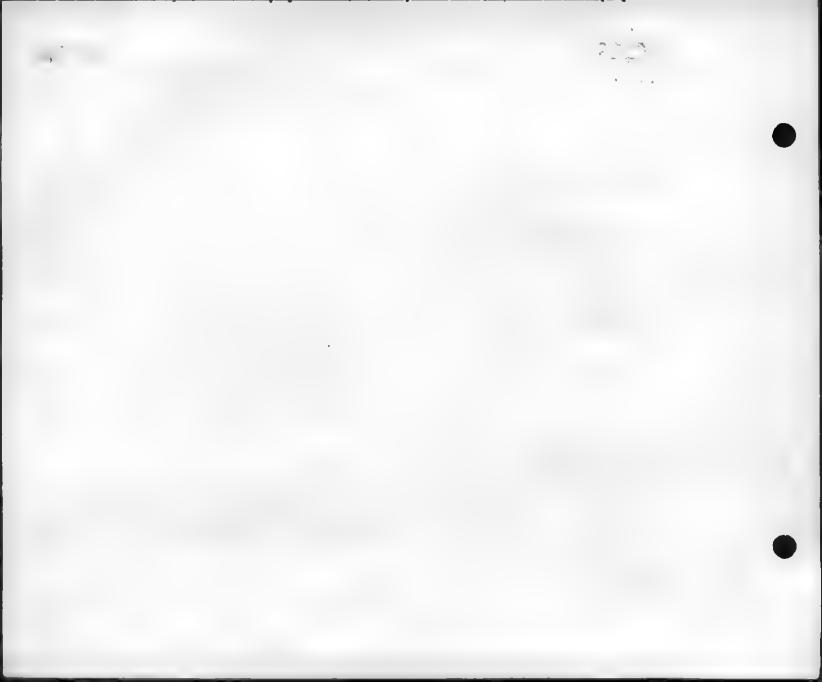


MARYLAND STATE DEPARTMENT OF HEALTH

//		DIVISION OF STATISTICAL RESEARCH AND RECURDS, 3	UI W. PRESION SIREEI, BALIIMOKE, MAKILAND 212	:01
Se n	4	O6116 CERTIFICAT	E OF DEATH	06106
		DEACE OF DEATH G. COUNTY COUNTY COUNTY MARYLAND	o. STATE Where deceosed lived, if institution, Resident b. COUNTY WARY CAN 12	ce before odmission)
affe	ŀ	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
havrs		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE
		CROWNSVIL WEARS STATE HOSP,	a since we have	YES NO
	Ī	NAME OF First Middle DECEASED (Type or pnnt) MARY	FRAZIER 4 DATE Month OF DEATH 5	Doy Year 6 19 6 7
	5 5	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED SOPPORTED	8 DATE OF BIRTH 9 AGE (In years last birthday) Months vrs	Doys Hours Min
		usual Occupation (Give kind of wark done ing most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY	11 RIRTHPLACE (County & State or foreign country) 12 (17	IZEN OF WHAT UNTRY?
	13	FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	10	LOS EPH HARDING WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17.	INFORMANT Address	
		is, no, or unknown) (If yes give wor or dotes af service)		
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	new pubolism	ONSET AND DEATH
		Conditions, if ony, which gave) DUE TO My extension a	Menintentin Island Dis	20 Jes.
		rise to immediate cause (o), stating the underlying couse DUE TO	Menintentin (Hart Dis	
	ATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
	CERTIFICATION	206 ACCIDENT WAS UNDERLYING ☐ 205. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL		LACE OF INJURY (Home, farm, 20f, (City ar tawn) (Constany, street, office bldg., etc.)	unty) (State)
		21. I certify that (1) (this hospital) attended the deceased from_	nat deoth occurred at 10 AM, from causes and on the	, that (I) (we) lost he dote stated above.
		220. SIGNATURE Meccelish	M.D. ATTENDING MED. STAFF DIRECTOR & PHYS. D	ATE SIGNED
		22c PHYSICIAN'S NAME (Type) L. BENEDILT M.D.	22d. ADDRESS Exoumertell State Horgin	60
		BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY (Cary or Town)	(Caunty) (State)
211		I. EUNERAL DIRECTOR. ADDRESS ADDRESS	250 AECD BY REGISTRAR 250 REGISTRAR'S S	IGNATURE JANGER

TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requires that the Meath certificate be exacuted within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06117 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY o. STATE MARYLAND MARYLAND ian papers. Poges 1 within 72 hours after ANDE ARUNDEL b CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) RURAL-PASADENA 10 HOURS RURAL-GLEN BURNIE B IS RESIDENCE ON A FARM? .5 d NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS RT.7 BOX 154 NO NO NORTH ARUNDET 3 NAME OF carban First Middle Lost 4 DATE Month DECEASED OF DEATH n any event, (Type or pnnt) VIRGINIA CLARA PREEMAN MAY 19 67 S SEX B. DATE OF BIRTH AGE (in years F UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED lost birthdoy) Hours WIDOWED DfVORCED NOV.2,1895 REMALE WHITE 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of warking life, even if retired) INDUSTRY COUNTRY? physician Housewife HOUSEWIFE MARYLAND Baltimore Co USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ottending phys buriol, cremotion, or removo Unknown GEORGE Fidler IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dates of service) PASADENA MARYLAND 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN signed by the buriol-transit p PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse as the has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO REATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS ALTOPS PERFORMED? this certificate 200 ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour p.m. foctory, street, office bldg., etc.) O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from page 3 should e filed with the 1967, and that death accurred at 2 M, fram causes and an the date stated above. 11/64 2 saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D DIRECTOR 22c. PHYSICIAN'S 22d. ADDKESS NAME (Type) director, p 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Woodlawn Cemetery Baltimore BY REGISTRAR DECISTRAR'S S GNATURE 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



00116

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires thot the death certificate be executed within 24 hours after death.

entry carbon popers. Pagany event, within 72 hours completely filled in by

rera

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and director, page 3 should be detached far use as the buriol-transit permit. Then please (rend should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it and

VR A15 (4)

Poge 4 may be retained by the hospital or attending physicion.

	OCTIO	CERTIFICATE	OF DEATH		(DE 192			
ī	PLACE OF DEATH				itian Residence before admiss an			
	a COUNTY A. A.	MARYLAND	o. STATE	b. COU	INTY /2 MA			
卜	b CITY OR TOWN (f outside corparate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If ou	JRAL and give nearest town)				
	write RURAL and give nearest town)		BA.	70				
Г	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspit	ol, give street address)	d. STREET ADDRESS		e IS RESIDENCE			
	N. ARUNDEL CO. HOSP		2418 EA	AST MAPISO	N ON A FARM? YES NO			
3	NAME OF First	Middle	Last	4 DATE Mon	nth Doy Year			
		M. GLOBE			AY 22 1967			
5	SEX 6 COLOR OR RACE 7. MARRI	IED NEVER MARRIED E	B. DATE OF BIRTH	9 AGE (In years last birthday)	Manths Days Haurs Min			
	F W WIDOW	TED DIVORCED	JAN 8,191	1 JG Yrs	waters pals varies with			
		. KIND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12. C TIZEN OF WHAT			
aui	ring most af warking life, even if retired) MARKER	INDUSTRY	MO.		COUNTRY?			
13	. FATHER'S NAME		14 MOTHER'S MAIDEN	NAME				
	EDWARD WALKEI	2	SARAH	STANCLIFF	<u>_</u>			
15	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) i(If yes give war ar dates of service)	16. SOCIAL SECURITY NO. 17. II	NFORMANT	Adar	ress			
(1)	os, no or unknown) (it yes give war all dales of service)	215-09-0965 H	ERBERT G	LOBE	ABOUE			
F	18. CAUSE OF DEATH (Enter only one couse per line	for (o), (b), and (c))			INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) alcrease Broth Heart Decare Fryger ONSET AND DEATH							
	4200 DUE 10	0 10 7	1 0	1	1			
	Conditions, if ony, which gove) (b)	Loute Congestion	feart Far	Gene Tu	realiz			
	rise to immediate couse (o), Stating the underlying couse	d	, , ,	•				
	last. (c)							
×	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE COI	IDITION GIVEN IN PART I(o)	19. WAS AUTOPSY PERFORMED?			
ATIO					YES NO			
CERTIFICATION	20a ACCIDENT WAS UNDERLYING ☐ 20b	. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in	Part I or Port II of item 18.)				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
MED CAL			E OF INJURY (Hame, farm		(Caunty) (State)			
ME	Haor a.m. W	thile Not While factor	ory, street, office bldg., etc.)					
	21. I certify that (1) (this haspital) at	tended the deceased fram	And 24,1	1962, to Mar	124967, that (1) (we) lo			
	saw the deceased alive an May		death accurred at	3 M, from causes	and an the date stated abov			
	22a. SIGNATURE		ATTENDING	MED STAFF _	22b DATE SIGNED			
	grave lose	₹ MC	PHYS 🔼	DIRECTOR PHYS.	5/23/67			
	22c. PHYSICIAN'S NAME (Type) TCC10/ R	TM agos	22d ADDRESS	= Man	+1+			
_	1 1961 / 1	79/1/1/	1 24131	Munume	1177.			
23	g. BURIAL (REMAT ON, 23b DATE THEREOF REMOVAL (Specify)	23c NAME OF CEMETERY OR G	CREMATORY	23d ±OCATION (City or To	own) (County) (State)			
	BURIAL 123/61	CAK LAW		BALTE.	n:D			
2	4 FUNERAL DIRECTOR	ADDRESS	1.1.4	44	REGISTRAR'S SIGNATURE			
	1. S. Connolly Some	300 m	DATEMA	Y 2 5 1967 /	market Amage			

And the second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06119

CEPTIFICATE OF DEATH

	00110			CERTIFICA	IL OI DEAII				5 1114	
1	PLACE OF DEATH				2. USUAL RESIDEN	NCE (Where dea	eased aved, if institu	utian Residence	before admis	sion)
	a. COUNTY AVNE	ARUNDEI		MARYEAND	I o. STATE	ARY LANT	b. co	UNTY		
	b CITY OR TOWN (f outside corporate limit	s,	c. LENGTH OF STAY IN 15			arate limits, write R	URAL and give	negrest town)	-
		give nearest town)			il					,
		BURNIE	nt in hasnital	nive street address)	d STREET ADDRES		WIE		a IS RES	SIDENCE
	d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give			Aug suger douress)					ON A FARM?	
	NORTH		ENERAL	HOSPITAL		LAWARE			YES [NO _
3.	NAME OF DECEASED		rst	Middle	Last	4 DAT	E Ma	ath	Doy Y	/ear
-	(Type or print)		OL	GOLDS	TEIN	DEA	THE COLUMN	5	19	
3	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	B. DATE OF BIRTH		9 AGE (In years ast birthday)	Months	YEAR IF UND Days Hours	ER 24 HRS
	MALE	WHITE	WIDOWED	DIVORCED [DEC. 28.	1898	68 yrs	A Gitting	110013	24041
		(Give kind of wark dane		IND OF BUSINESS OR	11 BIRTHPLACE (Co	ounty & State, a	r fareign country)		ZEN OF WHAT	
aui	ring most of working MATNITENIAN		12	IDUSTRY GREEN & CO.	POL	แบก			NTRY?	
13	FATHER S NAME			CKLEN 6 LU-	14 MOTHER'S MAI	- No. 10 April 10 Apr			24	
	JACOB GOI	DOTETAL			SAR	ALI				
TS			16.	SOCIAL SECURITY NO. 17	INFORMANT	4п	Add	lress		
(Ý		R NUS ARMED FORCES? (If yes give war ar dates o		1		001.00			(77	****
=	VES	() () 1			RS. ANNA B.	GOLDS	151N 40	DE LAW		
	PART I. DEAT	ATH (Enter only one cou H WAS CAUSED BY:	ise per line to	(a) (b), and (c).)	- Har	mar lan	1 8		ONSET AND	
	1/201	IMMEDIATE CAUSE		conund	1 1270	rnuvo	73		0	
	T201	DUE	10	The or war	Writesy	di	Jease		34	rs
	Conditions, if any, rise to immediat	a couse (a)	(b) <u>UU</u>	1011WI	00/100	- cvi	VEW VC	'	- 0	
	stoting the under		10	0	<i>V</i>					
	last.		(c)							
Z	PART IF OTHER SI	GNIFICANT CONDITIONS O	ONTRIBUTING	TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEAS	E CONDITION 6	OVEN IN PART 1(0)		19 WAS AU PERFOR	
ATIC									YES 🔲	NO i
200 ACC DENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Item 18) Contributing 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1 of Item 18)										
		LLI CAUSE OF DEATH MEDICAL EXAMINER)								
MED.CAL	20c TIME OF INJU	IRY Month, Doy, Year	20d I	NJURY OCCURRED 20e F	PLACE OF INJURY (Home	, form, 20	(City or town)	(Coun	ıty)	(State)
₽.ED	Hour a.m. While Nat While factory, street, office bldg., etc.)								-7	
		11,		ded the deceased from	Dec.	19.5	to May	E 196	that (I)	(ma) a
		47.1	MAR			ot P	M. fram causes		7.	, ,
saw the deceased alive an 1967, and that death accurred at PM, from cause									E SIGNED	30 0007
		1	761	aler.	M.D PHYS.	MED. DIRECTOR	STAFF DHYS	7 M	on 17,	67
	22c PHYS CIAN'S	11 01	10-6-		22d. ADDRESS	DIRECTOR	, L P (113 L		9.,,	
	NAME (Type)	TOSEPH .								
								[aa] //	C	(Fanta)
23	REMOVAL (Specify			236 NAME OF LEMETERS	JK CKEMUATUKT	230	LOCATION (C ty or I	10 W11) (1	County)	(Stote)
- 0	BURTAL	5/18/	67	DEWISH WAR VI	ETERANS MEN	REC'D BY REG	ROSE	DALE	MARYLA	VD
	4. FUNERAL DIRECTO		7110	AUUKESS	250.	MV CLA	ANOT ZID	KEGISTKAK 3 SIG	naiuxt	
12	<u>OL LEVINS</u>	ON & BROS.	INC.	6010 REIST.,	KU. DAT	BE TAN	NO/	wayes	o Jucky	Z,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Beath certificate be executed within 24 hours after death."

Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca director, page 3 should be detached far use as the burial-transit permit. Then please remainshould be filed with the State Deat, of Health priar to burial cremation, ar removal, and in any

pletely filled in by the

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

				ווע	п
0	A	40	0	12	
5 9	Pro-	ж.	-	8.5	
11	U	1	8.3	0	
- magain		_		-	

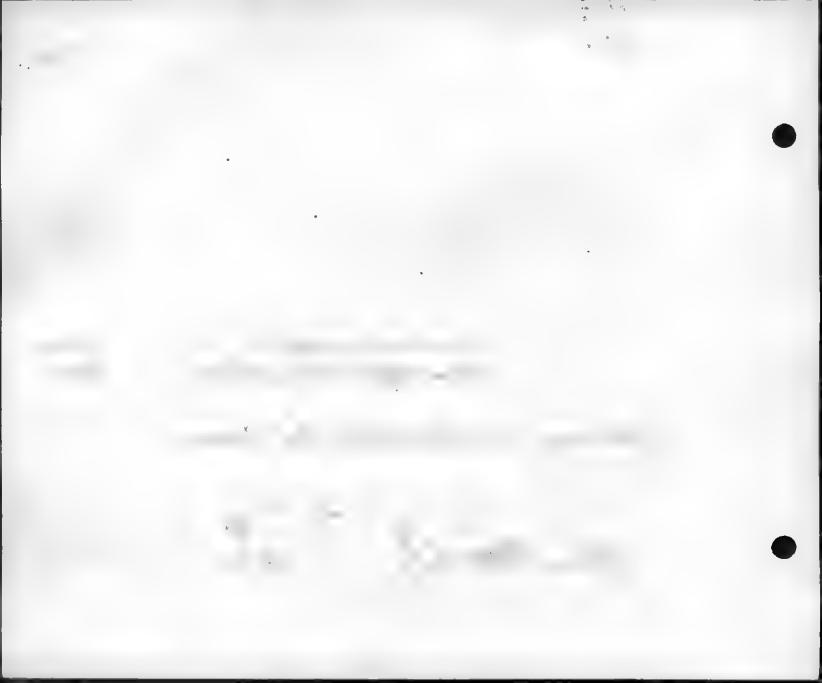
CERTIFICATE OF DEATH

ġP.	Ŋ	C	4	-3	a	
	ŧ	7 .	6	- 1	M.	

1		CERTIFICATE	OI DERTII		
1.	PLACE OF DEATH				itian Residence before admission)
	ANNE ARUNDET,	MARYLAND	o. STATE MARY	b. COU	ANNE ARIINDET.
	b CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		tside corporate limits, write RJ	
	write RURAL and give nearest town) RURAL—GLEN BURNIE	11 DAYS	DITE	AT DAT DEWODES	une o)
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,		d STREET ADDRESS	AL BALTIMORE	a IS RESIDENCE
1	· ·	3			DELACTE YES NO TO
=	NORTH ARUNDEL HOSPITAL.	Middle	1 7912 MATH	ST ORCHARD	BIFA LIT
3.	DECEASED	Middle	LOSI	OF	oth Day Year
· -	(Type or print) SEX 6 COLOR OR RACE 7 MARRIED	VEL COURT MANAGE EN	HAGNER	9. AGE (n veors	1 IF UNDER 1 YEAR 1 IF UNDER 24 HRS
1	7, 11/4/12		8. DATE OF BIRTH	last hetholosil	Months Doys Hours Min
	PEMALE WHITE WIDOWED		FEB. 11,1894	112	
100		CIND OF BUSINESS OR MOUSTRY!	· ·	& State, or foreign country)	12 CITIZEN OF WHAT COUNTRY? USA
001	ring most of working the even if retired)	K hours	MARYLANI)	USA
13	FATHER'S NAME	, ,	14 MOTHER'S MAIDEN !	IAME ()	1.
	1 /8	nahen	4	. Wo	- acc
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOC AL SECURITY NO 17, 1	NEORM ANT	/ Addi	ress ///
(Y	es, no, or unknown) (If yes give wor or dates of service)	- 66	halas a for	Lenen!	(literal)
=	18. CAUSE OF DEATH (Enter only one couse per line-fo	it (a), (b), and (c))	0	7)	INTERVAL BETWEEN
	DADY I DEATH INTAC CA CED DV	drovanales a	icalo +		ONSE AND DEATH
	331X IMMEDIATE CAUSE (a) Due to	MYONEN CO	Congress		11 Mary
	Conditions, if ony, which gave	e. extend	Cille- 0	Manne	Van
	rise to immediate cause (a), DUE TO	anning a	as agrille	LLTUVVY	- d
	storing the underlying couse				
	(c)				19. WAS AUTOPSY
N	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	PERFORMED?
CERTIFICATION	Com arlingen C Cer	Coroncerobic	Heart	Vistare	YES NO
TE	205-ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of item 18)	<
	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
3	and the state of t		CE OF INJURY (Home, form		(County) (State)
MED	Hour o.m. While p.m. 19 of we		lory, street, office bldg., etc.)		
	21. I certify that (I) (this haspital) after		24 95	965 to 5-79	, 1967, that (I) (Wa) las
	saw the deceased glive an 5-2	1%7, and tha	t death accurred at	98 M. fram causes	and an the date stated above
	22g SiGNATURE Co	75			22b DATE SIGNED
	Helans Mar	10/10 M.	D PHYS	MED. STAFF DIRECTOR PHYS. [5-29-67
	22c. PHYSICIAN'S	000	22d ADDRESS	. 7	100
	NAME (Type) HILARY TO'	HERLIHY	GIEN	BURNI	E, Mas.
23.	BURNA, CREMATION, 236 DATE THEREOF	23e NAME/OF/CEMETERY OR	REMAJORY CO	23d. LOPATION (CITY OF) TO	own) / (Codity) (State) /
23	REMOVAL (Specify)	10000	ell (em)	1 -1 401717	7+-11" XIL
1/2	4 PUNERAL DIRECTOR //	ADDRESS)		BY REGISTRAR 25b, R	REGISTRAR'S SIGNATURE
10	THE STATE OF	No Well	()		pharles judge
N LK	mud & Junance se	wing Val	DATE DATE	~	

Carban papers Pages and 2 entering 72 hours ofter death. 20 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hauri Page 4 may be retained by the haspital or attending physician. á filled in TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletaly, director, page 3 should be detached for use as the burial-transit permit. Then please remave Carban should be filed with the State Dept of Health priar to burial, cremation, or remaval, and in any eventuals.

VR A15 (4) (20 M 1/66)



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after-death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

				CERTIFICATI	L OI DEATH			1)61	7 1
1	PLACE OF DEATH a COUNTY Anne				2 USUAL RESIDENCE	(Where deceased livi	ad, if institution Res	sidence before dumis	ราบิก)
	a COUNTYII Anne	runde l		MARYLAND	o STATE		b COUNTY A	\A	
	b CITY OR TOWN (If outs	la caracacta lemita	1.0	ENGTH OF STAY IN 16	Md.	auta da casacata los			
	write RURAL and give a			ENGIN OF SIAT IN TU	,		IIS, WINE KUKAL OFU	1 disa sieniezi Inasii)	
	Clen Burnie			days	Rural Pasa	dena		1 (2.55	CIBETURE -
	d NAME OF HOSPITAL OR	,		reet oddress)	d STREET ADDRESS			e IS RES	FARM?
	North Arunde	el Hospital			Old Mill	Rd.		YES [NO 🔀
	NAME OF DECEASED	First		Middle	Lost	4 DATE OF	Month 5-24	1	Year
	(Type or print)	Hiram A	sbury	Hammond		DEATH		. 13	967
\$.	SEX 6 CC	LOR OR RACE 7 N	MARRIED 🔜	NEVER MARRIED [B. DATE OF BIRTH		(In years IF UN b rthday) Mont		ER 24 HRS.
	Male No	egro W	IDOWED 🗍	DIVORCED [10/26/03	63	Yrs Month	iis Doys Hours	Pariet
100	JSUAL OCCUPATION (Give	and of work done	106 KIND OF	BUSINESS OR	IT BIRTHPLACE (Count	ty & State, or foreign o	ountry) 12	2 CIT ZEN OF WHAT COUNTRY?	
สขา	154 Clar	in a terreal	INDUSTR	\$1	Ba 1	timore Md		USA	
13.	FATHER'S NAME	1			14. MOTHER'S MAIDEN				
	Hicam	Hammond			Hattie	Queen			
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16. SOCIAL	L SECURITY NO 17	INFORMANT	1	Address		
(Ye	es, no, or unknown) (If yes	give wor or dotes of serv	ice)	H	rs. Ruse S.	Hammon	d Rt8	Box 11 0	HH' II
_	18. CAUSE OF DEATH (F	hter on v one rouse ne	r line for (a) (13. KUSC C.	i jerjit i toti i	J. 72, G	INTERVAL B	ETWEEN
	PART I DEATH WAS	CAUSED BY	5	orach n	and les	unruha	@ 0	GONSEL AND	
	530X	IMMEDIATE CAUSE (o) Due to		^	0(0)				1
	Conditions, if any, which	2014 3	Con.	0000	PA PALL D	0	0		V
	nse to immediate cous		<u> </u>	www.	~ () can e	un /			
	stoting the underlying last	tonze (
) (i) _	INITIAL TO AF	THE SUF MOT DELETED TO	THE TERMINAL DISTANCE OF	AND TION COURT IN	DIDT I/	I 19. WAS AL	ITOOSY
N O	PART IT OTHER SIGNIFICA	MI CONDITIONS CONTRI	BUTING TO DEA	- A	THE TERMINAL DISEASE CO	UNDITION GIVEN IN I	AKI I(0)	PERFOR	RMED?
S				424 D				YES	NO X
RIE	200 ÀSCIDENT WAS UNDE OR CONTRIBUTING □ CAU		205 DESCRIBE	E HOW INJURY OCCURRED). (Enter noture of injury ii	n Port I or Port 11 of	item 18)		
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY MEDICA	NL EXAMINER)							/
절	20c. TIME OF INJURY MA	onth, Day, Year	20d INJURY		LACE OF INJURY (Home, for sciory, street, office bldg., et		or town)	(County)	(Stote)
¥	D.m.	19	While of work	Not While to	kiory, street, ornice olug., er	· 1	1 1		
	/21. I certify the	t (I) Ithis hospital) attended t	the deceosed from_	5/16/67.	19	5/24/67	19, that (I)	(we) last
	sow the seceos	ed glive on 5/	23/67	, ond th	ot death occurred o	ot <u>5 : 10 M</u> , fra	m causes and o	on the date stat	ed obove
	1210 BIGNATORE	1000	7	LID	ATTENDING	n MED.	STAFF 228	b DATE SIGNED	,_
	Mr.	71.12	Lam	Ny My	M.D. PHYS.	DIRECTOR L	PHYS.	5/24/6	,7
	2x PHYSICIAN'S	TO 17 12	0 4	267	22d. ADDRESS 3		APOLIS	UD BANK	23
	MAME (Type)	7.13.11	CHIN !	12 (1672 Nom	MIBOOR N	END BOX	777
230		23b DATE THEREOF	23	NAME OF CEMPTERY O		23d. LOCATIO	N (City or Town)	(County)	(Stote)
	REMOVAL (Specify)	5-29-67	7 H	All Meth.	Ch. (cm.	Marley	Neck	1	101
2	FUNERAL DIRECTOR	1 (1		ADDRESS	2So REG	C'D BY REGISTRAR	2Sb. REGISTRAL		4.0
1	1. 1. 6.15 110	0411.4	1961	LAURERS	DATEM	AY 2 6 191	of xuio	enter freeze	

14 34. .3

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	DIAISIOM	Vľ	ALIM	KECU
06122	44			

	OPISE	A		CERTIFIC	ATE	OF DEATH		DE	119		
1.	PLACE OF DEATH					2. USUAL RESIDENCE (Where	deceased lived, if institution	n: Residence	belare admission)		
	o. COUNTY Ann	e Arundel		MARYLA	.ND	o. STATE Maryla	nd b. count	Anne	Arundel		
	b. CITY OR TOWN (If outside corporate amits, digiye nearest town)		c LENGTH OF STAY IN	lb	c CITY OR TOWN (If outside	corporate limits, write RURA	L and give n	earest fown)		
	Annap	0115		22 days		Edgewater					
		AL OR INSTITUTION (IF nat i		ive street oddress)		d STREET ADDRESS		e IS RESIDENCE ON A FARM?			
L	H. H.GE	N. HOSPY				Rt. 1, Box 364-G					
3	NAME OF DECEASED	First		Middle			DATE Month OF		Day Year		
	(Type or poot)	Gordon		Earle		HAYNES	DEATH May		1 1967		
5.	SEX	6 COLOR OR RACE	MARRIED	NEVER MARRIED		DATE OF BIRTH	9 AGE (n years last birthasy)	Manths D	EAR IF UNDER 24 HRS.		
L	Male	White	MIDOWED	DIVORCED		arch 16, 1927	40 yrs				
10c	USUAL OCCUPATION	(Give kind of work done	10b. KIN	ND OF BUSINESS OR	>	11 BIRTHPLACE (County & Sta		12 (ITIZI COUN	EN OF WHAT		
	FATHER'S NAME	VICETURA	C 22	SCIVONICT) 	14. MOTHER'S MAIDEN NAME	Virginia	1	"U. S.		
1	TORDON	ROBERT	Unil	109		0	NEWTON				
<u> </u>		RINLS ARMED FORCES?		OCIAL SECURITY NO	17 1	STELL/S NFORMANT	Address				
(Y		(If yes give wor or dates of s		OCIAL SECORITI NO	F	ETTY HAVA					
F	I IB. CAUSE OF DE	EATH (Enter only one couse	per line for i	(a) (b) ond (c).)		6111 17.097			INTERVAL BETWEEN		
		TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	. /	Ceryo air 6	لورا	· Loubin			ONSET AND DEATH		
	1	DUE TO				U					
	(Conditions, if any, which gave) (b) by he who save					ew-e.			Yeur		
	nse to .mmediate cause (a), stating the underlying cause DUE TO								1		
	fast. (c)										
卖	PART II OTHER SI	GNIFICANT CONDITIONS CON	TRIBLTING TO	DEATH BUT NOT RELATI	ED TO T	HE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(a)		19 WAS AUTOPSY PERFORMED?		
STO									YES NO		
MEDICAL CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCCU	JRRED (Enter nature of injury in Part I	or Port II af item 18)				
SICAL	20c. TIME OF INJU	JRY Marth, Day, Year				E OF INJURY (Home, farm	20f (City ar lown)	(Count	y) (State)		
W.	Hour an	1.0	While at work	Nat While of work	tock	ory, street, office bldg , etc.)					
	21. I certif	fy that (I) (Nissburg)	(aK) attend	ed the deceased fro	am_fi	(ay / 196		_, 19 <u>67</u>	, that (I) (***) last		
		eceased alive anK	Ivel 30	19 6 , on	d that	death accurred at	M, from couses of	nd on the	date stated above.		
	22a. SIGNATURE	Soc 1	F.I.			ATTENDING MED	STAFF	22b DATE	SIGNED		
	22c. PHYSICIAN'S	JEVE 21	Cross	llo z 1	M.D	PHYS DIRE	CTOR L PHYS L	1 7/1/	0_/		
	NAME (Type)	GENIM	n e	munell.		121 Coultre	t. 191 1	majo	65 M.		
230	BURIAL CREMATIC	ON, 23b DATE THERE	OF 1967	HILL CIFE.			ANNAPOLIS		ounty) (State)		
24	. FUNERAL DIRECTO	R		ADDRESS		2So REC'D BY	REGISTRAR 2Sb REG	STRAR'S SIGN	NATURE		
V	OHN M.TA	YLOR . SONS	ANN	IMPOLIS	1	1D DMAY 4	1867 000	world	Judge		
_											

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after defit. Page # may be retained by the haspital ar attending physician. VR A15 (4), 25M 1/67

TO SOSPITAL OF ATTEMPTING PRYSICAN: The fam requimes that the death certificate 🔝 mercuted within 24 hours after death

建筑

the death certificate be executed within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, I institution. Residence before compission a COUNTY b. COUNTY Anne Arundel Marvland Anne Arundel MARYLAND b City OR TOWN (If autside carparate mits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c CITY OR TOWN (If auts de corporate limits, write RdRAL and a ve nearest tawn) 1 day Gambrills Annapolis .5 d. NAME OF HOSPITAL OR INSTITUTION (II not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? Ned YES NO Anne Arundel General Hospital Waugh Chapel Road 3. NAME OF Middle 4 DATE Manth DECEASED Della Pauline HEUER 67 Mav (Type or print) DEATH 19 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours WIDOWED X DIVORCED May 16, 1889 Female White 10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? OWN home physicion (Pro Geo County Maryland 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAMI John L. Thompson Louise Soper remova IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (II yes give war at dates al service) 220 16 4666 Mildred E Yake Hyattsville, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a),)(b), and (c).) INTERVAL BETWEEN PASEL AND DEAT buriol-transit PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause 19 WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) hos PERFORMED? YES X NO 20a ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 2De, PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur 1a m. factory, street, office bldg , etc.) at wark at wark 21. Teertify that (1) (the his soilal) attended the deceased from May 7. 19 67, to May 8 , 1967, that (i) (seed last May 8 19 67, and that death accurred at saw the deceased alive on____ TO FUNERAL DIRECTOR: M, from causes and an the date stated above. 22a. SIGNAPURE 22b. DATE S GNED STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Richard N. Peeler, M.D. 121 Cathedral St., Annapolis, Md. director, should be 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION. 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Colmar Manor Pro Geo Md. Ft Lincoln Cemetery May 12, 1967 24. FUNERAL DIRECTOR 2Sa REC'D BY REGISTRAR

Hyattsville, Md.

VR A15 (4)

F. Gasch's Sons



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06124	<u>C</u>	CER	RTIFICATE	OF DEATH		1.61	14
1. PLACE OF DEATH					here deceased lived, if in		efore domission)
a. COUNTY	Anne Arund	el	MARYLAND	o. STATE Mary		Anne	Arundel
b. CITY OR TOWN	(If outside corporate limits,	c. LENGTH OF	STAY IN 16		side corporate limits, writ		
	nd give nearest town) Pplis	D.O.	A.	RURAL -	- Arnold		,
d NAME OF HOSP	tal or institution (if not allead on arrival	ospital, give street addres	(2)	d STREET ADDRESS	-		e IS RESIDENCE ON A FARM?
_Anne Aru	ndel General H	ospital		Rt-2, I	365 Box-365		YES NO
3. NAME OF DECEASED	First	Middl	le	Lost (22)	4. DATE	Month	Day Year
(Type or print)	Willard	T		HUDSON SE	OF DEATH MA	ay]	18 1967
5 SEX	6. COLOR OR RACE 7. A	MARRIED X NEVER MA	ARRIED 🔠	B DATE OF BIRTH	9. AGE (n yea		
Male	White w	IDOWED DIV	ORCED	Ap iril 4, 191	L5 lest bighted		ys Hours Min
100 USUAL OCCUPATION	ON (Give kind of work done	106 KIND OF BUSINESS	OR	11 BIRTHPLACE (County 8	State, or foreign country)	12 CITIZEN	
CIL	16 DERVICE	FT. MEA.	DE	GEORGETON	Delewa:	re COUNTR	5.
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME		
	UNK			MARY &	F. YOWFLL		
IS WAS DECEASED EV (Yes, no, or unknown)	/ER IN U.S. ARMED FORCES? (If yes give wor or dotes of serv	16 SOCIAL SECURITY	NO 17 1	DROTHV -	T HUDS	Address ##	2
	DEATH (Enter only one couse pe	r line for (o), (b) and (c))		J. 77700		INTERVAL BETWEEN
PART I. DE.	ATH WAS CAUSED BY IMMEDIATE CAUSE (6)	Cent N	words	deal wha	retrem.	5	ONSET AND DEATH
42 11			0				
Canditions, if on		orenen a	when	as metreion	4	6	ym,
rise to immedia stating the und		1		11			
last	(c)						•
PART II OTHER	SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1((e)	19 WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTIN	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE HOW INJU	JRY OCCURRED	(Enter noture of injury in P	ort I or Port II of Hem II	В)	110
Q Hour'o	JURY Month, Doy, Year i.m. 19	20d INJURY OCCURRED While Not While of work	foct	CE OF INJURY (Hame, form, ory, street, office bldg., etc.)		vn) (County)	(State)
21. 1 cert saw the c	t ify that (I) (MACHESSE) deceased alive an <u>SAA</u>	ortended the deced	sed fram	death accurred at	M, fram cas	, 19 67 , ises and an the c	that (1) (3K24) la date stated abov
22o. SIGNATURI	Jewletzde		M C	PHYS 1	MED. STAFF DIRECTOR PHYS	22b DATE S	IGNED 6
22c. PHYSICIAN NAME (Typ		eman, M.D.		1407 Fores	st Drive, A	nnapolis,	Md.
230 BURIAL CREMAT REMOVALISHED 24. FONERAL DIRECT	5-22-6	7 GEN	ECEMETERY OR HAU	CREMATORY E. W	COLUMN TO THE PARTY OF THE PART	Quik.	(Stote)
John M	Laster of Sous	(LIMA-0	olis M	DAMAY	2 3 1967	O GERALINA (Judge

Pages I and 2 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within the hard begins after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours affer, deoth Page 4 may be retained by the hospital or attending physicion.

2

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH a. STATE b. COUNTY o COUNTY Maryland Anne Arundel MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Baltimore City l dav Annapolis d STREET ADDRESS e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) .⊑ 3629 Chestnut Ave., Anne Arundel General Hospital NO XX 4 DATE 3 NAME OF First Middle Lost DECEASED FLSIE TENNINGS DEATH 19 (Type or print) S SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH lost birthdoy) Doys White Female May 8, 1899 WIDOWED IX DIVORCED puo 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) **YATZIIGNI** Marvland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removo WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service INVIN SENNINGS IN. GREENWAY RD NTERVA, BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse last PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? AC. 100515 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year Hour to.m. Not While foctory, street, office bldq., etc.) ot work ___ ot work **DIRECTOR:** After 2). I certify that (I) (this haspital) attended the deceased from 1967, to 5-15 director, page 3 shauld should be filed with the , and that death accurred at C.P. M, from causes and on the date stated above saw the deceased alive an_ 220 SIGNATURE DIRECTOR ADDRESS TO FUNERAL NAME (Type)

within 24 hours after death

requires that the death certificate be executed

BURIAL CREMATION.

WOODLAWN

NAME OF CEMETERY OR CREMATORY

23d LDCATiON (City or Town)

DATE



FOR S	TATE		06126 MEDICAL EXAMIN	ER'S	CERTIFICATE O	F DEATH		E116
HEALTH	DEPŢ.		PLACE OF DEATH			there deceased lived, if inst		befare adm ssian)
to to	76		o. COUNTY ANNE ARUNDEL MARYL	AND	d. STATE Maryland		Arundel	
30	(aVI) <u> </u>	b. CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest town)			tside carparate mits, write		
2, and 3 to PM3 Page	E.	-	write RURAL and give nearest town) GLEN BURNIE		Severn			
3	000	4.	d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address)		d STREET ADDRESS		~ /_	e IS RESIDENCE
ofter death 1f a 8. Give Pages 1, along with form	he Gase Depar		ON A FARM?					
death e Page with f	\$ 1	' '	NAME OF First Middle		Last		lanth	Day Year
Give Pages ang with far	Je J		OECEASED (Type or print) ALEXANDER		JOHNSON	OF DEATH	5	8 1967
ofter 8. Give alang	with .		S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED		8 DATE OF BRIH	9 AGE (In year	IF UNDER 1 Y	
haurs of tem 18. Office al	2 w ath.		Male Colored WIDOWED D VORCED		Iamch 4,1904	lest pirthday 63 yr) Manths (Pays Hours Min
hours Item 1	land2 v er death		0a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR		11 BIRTHPLACE (State		12 CTIZ	EN OF WHAT
	ges To	- 1	during mest of voicing the even freithed) Sharrows Foi	nt	Frince Edv	ard Co.Ve	U.S	A.
in color			13. FATHER'S NAME		14. MOTHER S MAIDEN N	3MAI		_
I within 24 in pencil in Examiner's	a 5		Albert Johnson		Amanda	?		
D = A	72 H		S WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af serges)	17	INFORMANT	Rt #2 A	ddress	
cute ng:	permit w thin 73		216-09-5514	Gra	ace L. Johns	on-Box 174	-Severi	n Md.
d be executed d pending" in Chief Medical E	¥ pe		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (t))					INTERVAL BETWEEN
be per	burial-transit any event		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscler	otic	cardiovascu	ular disease		ONSET AND DEATH
should e ward a the Ch	l-tro		4221 DUE TO					
shoul e war	uria!		Canditions, if any, which gave) (b)					
the to	=		stating the underlying cause DUE TO					
ertificate writing the	as a		lost, (c)					
s certificate she, writing the farwarded ta	be used removal,		PART .1 OTHER SIGN.F.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO	THE TERMINAL D.SEASE CON	DITION GIVEN IN PART 1(a))	19 WAS AUTOPSY PERFORMED?
its of	be u	2						YES NO X
ER: This certificate, acid be fo	uld b		20b DESCRIBE HOW INJURY OCCUPANT OF CAUSE OF DEATH	CURRED	(Enter nature of injury in F	Part or Part II al item 18)	
NER: certifi hacild			CAUSE OF DEATH					
AMINER: the cert of shaule	yaur files Page 3 sho cremation,				CE OF INJURY (Hame, farm, tary, street, affice bldg, etc.)) (Cauni	(State)
(Ah	age emc		While Not While of wark of wark	10(1	idiy, sireer, dirite digg , etc.)			
Ecu Pag	20 11 1		21. I certify that I took charge of the remains described ob-	ave, he	eld on Autopsy 🔲,	Inspection X ,	nquiry .	and in my apinion
ex for	ned fo		death resulted fram: Natural causes X, Accident ,	Suic	cide , Homicide	, Undetermined	manner -	
ease urec	Taine DIRE To b		ACTUAL LARA A L		CHIEF MEDICAL			0.5 0.00 0.000
y P	9 -		SIGNATURE Were L. Z.			CAL EXAMINER 🖳		22. DATE SIGNED
EPUTY 855ary, p funeral	ERAL prior)	EXAMINER'S			L EXAMINER		5-9-67
DEPUTY cessory. e funera	FUNE ealth	1	NAME (Type) WERNER U. SPITZ, M.D.	rny on		. city, tawn, ar caunty)	* \ '*	(6- 4)
TO D	E 6 5		230 BURIAL CREMATION, REMOVAL (Specify) 230 DATE THEREOF 230 NAME OF CEMER PROVIDED APPLIES		CREMAIURY かずっl wb	23d. LOCATION (City of	, ,	ounty) (State)

Arbutus Memorial

ADDRESS

Herbert E. Nutter-3035 W. North Ave.

DATE MAY 1 2

rk.

Baltimore Co. Md

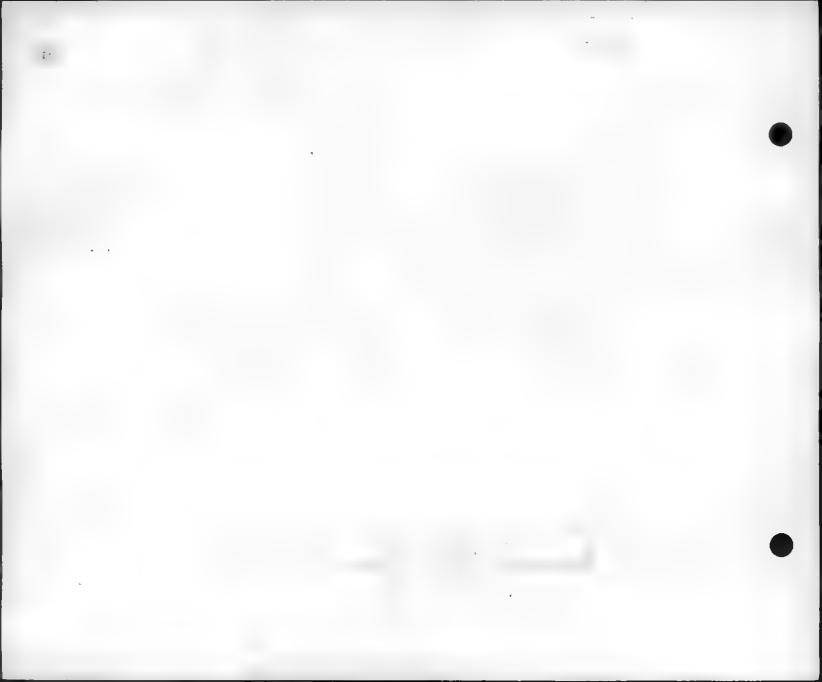
2Sb

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

VR A15ME (5) 6M 1/67

24 FUNERAL DIRECTOR

REMOVAL (Specify)
Burial



FOR form PM3. Page and 3 to TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death If any delay is 5 may be retained for yaur files.

in pentil in Item 18. Give Pages,

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Page the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with

Health priar to bund, cremation, or removal, and in any event within 72 haurs after death.

06127

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH	06117
		2 USUAL RESIDENCE (Where deceased	ved, if institution Residence before admissi
		o STATE	b COUNTY

		7 27 May 100
PLACE OF DEATH O. COUNTY	2 USUAL RESIDENCE (Where deceosed ved, if institution Reside o STATE b COUNTY	nce before admission)
O COUNTY ANNE ARUNDEL MARYLAND	Maryland A. Aru	
b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16	c CITY OR TOWN (f outside corporate limits, write RURAL and g	ve neorest lown)
Hanover (Manual and give nearest town)	Hanover	,2 ,
d NAME OF HOSPITAL OR INSTITUT ON (If not in haspital, give street address)	d. STREET ADDRESS	0 IS RESIDENCE ON A FARM?
Clark Road	Box 130 - Clark Road	YES NO
3 NAME OF First Middle	Lost 4 DATE Month	Doy Year
(Type or print) FRANK	JOHNSON DEATH 5	1 19 67
	lost b rthdoy) Months	Doys Hours Min
Male Colored W DOWED DIVORCED	160/5-1900 66 yrs	
100 USUA, OCCUPATION (G ve kind of work done 10b KIND OF BUS NESS OR 10b KIND OF BUS NESS		ITIZEN OF WHAT
Clunx	W sales porth Cowline	184
13 FATHER S NAME	14 MOTHER'S MAIDEN NAME	
unknow	all Three	
IS WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 (Yes, no, or unknown) If yes give wor or dates of service)	INFORMANT	
(185, 10, 01 dirkitowii) il yes give word dates of service)	delaul Expande	ul
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).)		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Fatty alteration	of liver	ONSET AND DEATH
110 DUE TO		
Conditions, if ony, which gove (b)		
rise to immediate couse (a), stating the underlying couse		
lost (c)		
PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART (0)	19 WAS AUTOPSY PERFORMED?
Pulmonary emphysema and purule	YES X NO	
	(Enter nature of Injury in Port I or Port II of item IB.)	
	· Anna · ·	
20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLA While Not While for	ACE OF INJURY (Mome form 20f (City or town) (City, street, office bldg, etc.)	ounty) (Slote)
20c. TIME OF INJURY Month, Doy, Year Hour o'm. 19 While Not While for work of	iory, siece, other stag, etc.)	
21 I certify that I taak charge of the remains described above, hi	eld an Autapsy 🗶 , Inspection 🔲 , Inquiry 🔲 ,	and in my ap n'an
death resulted from Natural causes Acadent . Sun	cide , Hamicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
SIGNATURE Verner L	M.D. ASSISTANT MEDICAL EXAMINER 💢	22. DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER	5-2-67
NAME (Type) WERNER U. SPIRZ, M.D.	Address (Street, city, town or county)	
230 BURIAL (REMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(County) (Stote)
BEMOVAL Specify 5-4-67 Int Cal	250 REC'D BY REGISTRAR 250 REOTSTRAR'S	SIGNATURE
24_FUNERAL DIRECTOR ADDRESS ADDRESS	MAY O JOOR MIL	
Chayle Willow 1018 December 12	DATE MAT 3 1967 grad	0-0

VR A15ME (5) 6M 1/67



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remove capter, papers. Pages should be filed with the State Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 hours after the state Dept. at Health priar to burial, crematian, or removal, and in any event, within 72 hours after the state Dept. Page 4 may be retained by the haspital ar attending physician.

> VR A15 (4) 20 M 1/66

	06128	CERTIFICATE	OF DEATH		15118
1	o. COUNTY Conne are	indel Maryland	2. USUAL RESIDENCE (Where dece a, STATE	b. COUNTY	AA
Ī	b CITY OR TOWN III outside represents the second of the RURAL and give a guest to the and d. NAME OF HOSPITAL OR INSTITUTION (If not in	c LENGTH OF STAY IN 1b hospital, give street Address)	d. STREET ABONESS	rate imits, write RURAL and	give nearest town) e. IS RESIDENCE ON A FARM? YES NO
L		married Never Married Divorced Divorced	1995 A DATE OF BIRTH	H May 2	Day YBO 19 7 19 67
	a US_AL OCCUPATION (Give kind af wark done ring postlet working life, kives if refued)	IOB. KIND OF BUSINESS OR	11. BIRTHPLACE (Gounty & State, or		COUNTRY?
0	3 1311 2 2 2 1 1 2 1	~ S	UNKNOWA		
1S (Y	es, no, or unknown) (If yes give wor ar dates af se		ESTED PRATT	R4 2 LO	Thin Ma
	18 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Candi- 1/1/1.	Mar accio	lent	INTERVAL BETWEEN ONSET AND BETT
	Conditions, if any, which gave nise to immediate cause (a), stating the underlying cause lost.	Hypertonsive as	arteriosci	eroses	yours
FICATION	PART II OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION G	VEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO [Z]
CERT		205. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part I or F	'art II of item 1B)	
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o.m. 19	20d INJURY OCCURRED While Not While at work at work	C OF INJURY (Nome, form, ary, street office bldg., etc.)	(City or town)	(County) (Stote)
	21. I certify that (I) this hospit	pl) attended the deceased from	t death accurred at 11 P		19_6/that(1)(we) las in the date stated above
	22a. SIGNATURE Charles	To Wisth Mon.		C STAPF C	DATP SIGNED /25/67
	22c PHYSICIAN'S NAME (Type) Name (Type)	H. Wirth MI	> 22d. ADDRESS oth	an m	4
23	O BURIAL CREMATION, REMOVAL (Specify) 5-38	1967 MT ZION	01 (1)	LOCATION (City or Town)	(County) (State)
2	4. FUNERAL DIRECTOR	ADDRESS ANNAPOLIS	DATMA1 2 3	strar 25b. REGISTRAR	S SIGNATURE

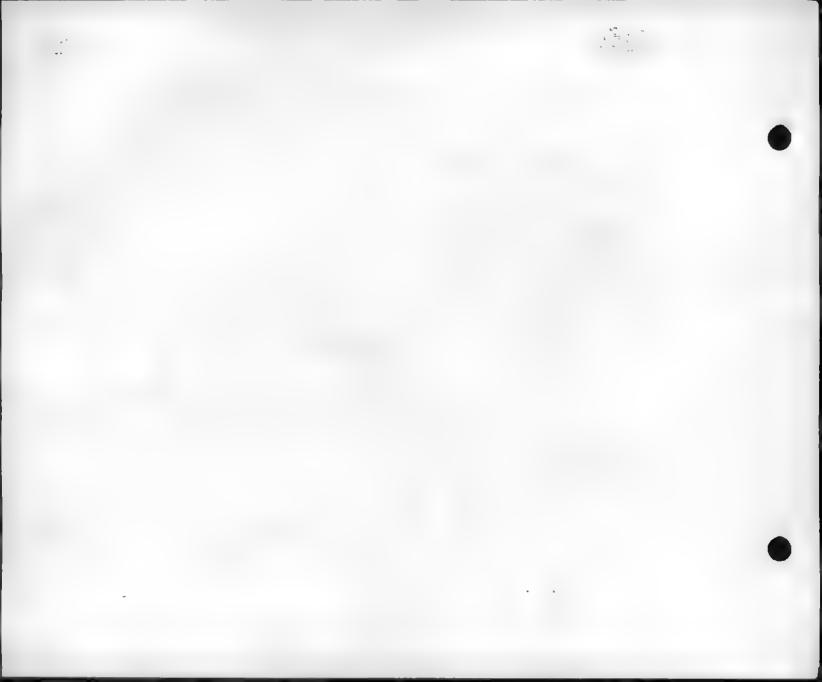


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06120

001	Lhe d		CERTIFI	CAIC	OF DEATH					19	
PLACE O					2. USUAL RESIDENCE	Where deceos			nce befor	e odmissi	on)
o. COUNT			MARYL	AND	a. STATE		b. (OUI			6	No.
b. city o	Anne Arundel R TOWN (If outside corporate limits,		C. LENGTH OF STAY IN		c. CITY OR TOWN (If o	e Geor	ge County	Al ond an	e negres	fawnt to	
write	RURAL and give nearest town)		C. CEROTH OF STATE III	, ,	C. CHI OK IOTHE (II O	erside (diputo	or millio, will a KU	AL WIN GIV	9 1190-93	······	
			13 year	'S	d STREET ADDRESS	ights !	Maryland			25 625	W. 77.1.2.5
. NAME	OF HOSPITAL OR INSTITUTION (If not	ın haspital, g	ive street address)		d STREET ADDRESS	0				e. IS RESIDENCE ON A F	DENCE ARM?
C	rownsville State	Hospi	tal		_1117_65t	h Stre	et.			YES 🔲	NO 5
IAME O	F Firs		Middle		Last	4 DATE	Mani	h	Day	Ye	O!
ECEASE Type or	o _{Print)} Nanni	~		Tob	m.c.c.m	OF DEATH	5/18/6	17		19	
X X		7. MARRIED	NEVER MARRIED		n.son . Date of Birth		AGE (In years	I IF UNDER	1 YEAR	IF UNDER	24 HR
	The state of the s		므	HI			last birthday)	Months .	Days	Hours	Min
F	N N	WIDOWED	DIVORCED		3/3/85		82 yrs	1 10 6	TITEM OF	I INIUAT	
	CCUPATION (Give kind of work done of working life, even if retired)	IN	ND OF BUSINESS OR Dustry		11 BIRTHPLACE (County	& State, at fai	reign country)	12 (1	ITIZEN OF Duntry?	IAHW	
u	nknown	l	ınknown		Washing		C.		USA		
ATHER	S NAME				14. MOTHER'S MAIDEN	NAME					
Lenl	споып					unknou	uro.				
WAS DE	CEASED EVER IN U.S. ARMED FORCES?	16 5	SOCIAL SECURITY NO	17 11	FORMANT		Addre	955	4	b	
, na, or i	inknown) (If yes give war or dates at	1	len orm		Woonital 1	Pagama					
10 CA	USE OF DEATH (Enter only one cause		known	1	Hospital	Record	<u> </u>		T INT	ERVAL BET	TVAZEE N
10. CA	ART I. DEATH WAS CAUSED BY:	e per line tor								ISET AND E	
	IMMEDIATE CAUSE (,	Bronchop	neul	TOUIS				+		
	#4/A DUE T	0									
	ons, if ony, which gave) (I	o)									
	the underlying couse DUE T	0									
lost.		t)									
PART II	OTHER SIGNIFICANT CONDITIONS CO		O DEATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART (a)		19	WAS AUT	OPSY
	_						1-7			PERFOR M	AED?
	iabetes mellitu	s and	MVDertens	10n	Enter noture of injury in	Part I or D	t Il of its— 10 t		7		NO 5
	TRIBUTING CAUSE OF DEATH	20b. OE	SCRIBE HOW INJURY UL	UKKEU (ciner noture at injury in	rart i ar rar	i ii di iiem 18.)				
	ER, NOTIFY MEDICAL EXAMINER)										
20t. TI	ME OF INJURY Manth, Day, Year Haur'a.m.	20d IN While			E OF INJURY (Hame, fari iry, street, affice bldg., etc		(City or town)	(Ca	unty)		(State)
	p.m. 19	at wark		Idili	ay, ander, unike bidy, elt	4					
21.	I certify that (I) (this hosp	itol) otteno	led the deceosed f	rom_l	0/6	19 <u>54</u> , t	0_5/18/	, 195	7, th	not (I) (we) l
	w the deceased alive on 57		1967	nd that	death accurred o		l, from causes				
	IGNATURE /		7				·	_	ATE SIGN		
	Merce	416		M D	ATTENDING PHYS	MED. DIRECTOR	PHYS. C		5/18	1.	
22c. P	HYSICIAN'S	11 6		, v	22d. ADDRESS	0.114.141			17	767	
	1117 (7)	nnedt	ct		Cacam	عادا أترو	State_H	oeni+	ما	/	
-वार्कार			23c NAME OF CEMET	CDV OD C						1 4	Chat-1
SEMO	CREMATION, 23b. DATE THER	A 440	1		10 /	1/	CATION (City or To	25	(County	11/	State)
	3-20	-6/	HARME	ny (- /	hland Fi	YEK	/	710	
FUNER	AL DIRECTOR	1 11	ADDRESS		730 REC	D BY REGISTR	1	GISTRAR'S	SIGNATUI	RE	
15.	Westynth 45	- 44	13.5 11	me!	MANDE	AY 25	1967	Chay	The last	sedia	P.

10 HOSPITAL DE ATTINUING PHYSICIAN: The low requies that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete the library the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after dear Page 4 may be retained by the hompital or attending playsician.



15M 7 61

			MARY	LAN	ID S	T,
IVISION	OF S	TATISTICAL	RESEA	RCH	AND) R
0613	0			C	ER	[]

D

ATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FICATE OF DEATH 16120

I. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed fived, if institution; Residence before edmiss on)
Glen Tarie A . A Art d MARYLAND	b, COUNTY
b, City OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest fown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
Glon Burnie d. NAME OF HOSPITAL OR INSTITUTION (4 not in hospital, give size address)	d. STREET ADDRESS on a Farm?
Plaza Nanor7355 Fur.Br. Rd. Middle Middle	2309 Division Street YES NO F
(Type or print) 5 SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED B	. JONES DEATH 19 7 AGE (IN Years I FUNDER 1 YEAR, IF UNDER 24 HRS.
NAME OF THE PROPERTY OF	Last birthday) Months Days Hours Min. Y II B RTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME UnitedStates, nm
15 WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unknown) (If yes grewer or deles of service)	NFORMANT Address
1229-38-0527	Leibas murny fome fame.
PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET, AND DEATH
, immediate cause (e). Goronary Occius	
DUE TO Cerebral Vascul	
Conditions, if eny, which (b)	-
(a), stelling the underlying DUE TO Chronic Brain Sv	endrome/Renign Prostatic Hum. Unknow
PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(=) 19. WAS AUTOPSY PERFORMED?
PART 1. OTHER SIGNIF CAN'T CONDITIONS CONTRIBUTING TO BEATH BUT NO. 200 ACC DENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 11 CAUSE OF DEATH ULIF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of nitury in Part Lor Pert Lot tem 18.)
Hour e.m While Not While lect	CE OF NJJRY (Home, ferm, 201. (City or town) (County) (State) ory, street, olfice bldg , etc.)
N	ecember 10 05 far. 10 67 that (1) (wa) let
21. I certify that (I) (this hospital) attended the deceased from.	
saw the deceased alive on . I	death occured at
1 1 1 1 1 1 1 1 1	D. PHYS. DIRECTOR PHYS. D
238 BUR AL CREMATION, 23b, DATE THEREOF 123c, NAME OF CEMETERY	OR CREMATORY 123d, TOCATION (City, Town or county) (State)
Burial 5/8/67 Mt Auburn	Cemetry Baltimore M.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
Adolphus Halstead 1206 W North Ave	DATE MAY 8: 1087 Octiones ander



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral within 24 hours after should 1. PLACE OF BEATH 1 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Anne b. COUNTY # 2 MARYLAND h CITY OR TOWN Til outside corporate limits, and C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) <u>.=</u> :: Odenton d STREET ADDRESS Pages filled i afr d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE hours ON A FARM? NO E YES Odenton completely Odenton Rand papers. Middle Vanz Month N DECEASED OF (Type or print) DEATH nt, with COLOR OF RACE AGE (In yeers/ IF UNDER I YEAR IF UNDER 24 HRS 7. MARRIED THEVER MARRIED physician and last birthday? Months i Days Feb. 27,1893 event, WIDOWED DIVORCED Гетоуе 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Salvage Scrap Iron Alabama USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death 5 attending and ā unknown unknown Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address law requires that the removal, (Yes, no, or unkown) | (If yes give we ror detas of sarvice) 266-12-4085a Ida Pac Jone - Asome permit. 18. CAUSE OF DEATH [Entar only one couse per line for (e) physician. INTERVAL BETWEEN signed by ENSET AND DEATH ò PART I. DEATH WAS CAUSED BY JAMEDIATE CAUSE IN burial-transit cremation, DUE TO affending Conditions, if any, which has been (16) geva risa to Immedieta causa DUE TO (a), stoting the underlying burial. ceusa lest. the the PHYSICIAN ō may be retained by the nospiral o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a); 19. WAS AUTOPSY CERTIFICATION 8 2 PERFORMED use Prior 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Pert Ler Part II of item 18.) for Health IIF EITHER, NOTIFY MEDICAL EXAMINER detached MEDICAL 20s. TIME OF INJURY Month, Day, Yaor 20d. INJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stata) factory, streat, office bidg., etc. Whila Not While ŏ el work at work State Dept. 2 .., /19....., that (I) (vre) last plnods saw the deceased alive on from the causes and on the date stated above., and that death occurred/al -22= SIGNATURE 226. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. HOSPITAL FUNERAL ADDRESS 2RE PHYSICIANY 22d. NAME (Type director, 23c. NAME OF CEMETERY OR CREMATORY 23a. BUR AL, CREMATION, 23b. DATE 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) Baltimore National Baltimore PECID BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 [4] FUNERAL HOLE Annapolis 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06132 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. STATE P CORNTA ANNEY ARUNDEL PM3 Page State Deportment of Maryland MARYLAND Anne Arundel delay b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) pup 6months ANNAPOLIS Annapolis e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, a ve street address) d STREET ADDRESS icate, writing the ward "pending" in pencil in Item 18 Give Pages 1, be farwarded to the Chief Medical Examiner's Office along with farm 235 Prince George Street NO_X ANNE ARUNDEL GENERAL HOSPITAL 3 NAME OF First Midd e Lost 4 DATE Year DECEASED Deringer 19 67 FLORENCE (Type or print) JOYCE DEATH IF LINDER 1 YEAR S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** age last bythdoy)
AB/? yrs Days Months Hours 6/6/24 White DIVORCED XX Female WIDOWED event within 72 hours after death 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Medical Doctor INDLSTRY Penna. be executed within 24 pages 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME James W. Deringer Elizabeth Wille burial-transit permit. File IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) Sidney Deringer - Chestertown, Md. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) ONSET AND DEATH PART I DEATH WAS CAUSED BY Overdose of barbiturates IMMEDIATE CAUSE (a) shausd DHE TO any Conditions, if ony, which gove rise to immediate couse (a). Ξ DUE TO stating the underlying couse D 0.5 be used PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? or removal, YES KI NO the certificate, 2Do EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 2Db DESCRIBE HOW INCURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) should shauld CAUSE OF DEATH Ingested overdose of barbiturates cremation, MEDICAL 20d NITIRY OCCURRED 2De PLACE OF NJURY (Home farm 2Df (City or town) (County) 20c TIME OF IN.LRY Month, Day, Year factory_street, office bldg., etc.)
Home While of work I at work may be retained far yaur FUNERAL DIRECTOR: Page 19 67 Annapolis A.A. Md. 21 I certify that I took charge of the remains described above, held an Autopsy XI. Inspection , Inquiry , ond in my opinion funeral directar. death resulted from: Natural couses Accident [Suicide X Homicide Undetermined monner CHIEF MEDICAL EXAMINER X ACTUAL 22. DATE SIGNED 5 may be reft TO FUNERAL DI Health prior to ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 5-3-67 **EXAMINER'S** Address (Street city, lown, or county) NAME (Type) RUSSELL S. FISHER, M.D. the. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOI 23o. BURIAL CREMATION. (County) REMOVAL (Specify)
Bursial Shrewsburry Cem. near Kennedywille, ADDRESS 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15ME (5) Chestertown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	6133		CERTIFI	CATE O	F DEATH		())	2193
1. PLACE	OF DEATH .			2. 1	SUAL RESIDENCE (V	Vhere deceased lived, if in	stitution. Residence	before admission)
o, COUI	NIY Amee A	rundel	MARYL		STATE Mary	rland b.	COUNTY Anne	Arundel
b. CITY	OR TOWN (If outside	corporate limits,	c. LENGTH OF STAY IN	lb c. C	,	tside corporote limits, writ	-	
	e RURAL and give nea n Burnie			1	Manhatta	n Beach, Sev	erna Par	k 02.1
			ospitol, give street oddress)	d. 1	TREET ADDRESS			e IS RESIDENCE
	th Arund			1	Sanit ty	Drive		ON A FARM? YES NO
3 NAME	OF	First	Middle		Lost	4. DATE	Month	Day Year
DECEA!		Tarry	₽.	Kani	man	OF DEATH M	iav :	14 1967
S SEX			ARRIED NEVER MARRIED		TE OF BRIM	9 AGE (n year		YEAR IF UNDER 24 HRS
Mal		2 4 -	DOWED DIVORCED	7-2	24-60	86 lost birthed	yrs Months	Doys Hours Min
	LOCCUPATION (Give kin		10b. KIND OF BUSINESS OR	- 11	BIRTHPLACE (County	& State, or foreign country)	12 CITIZ	ZEN OF WHAT
Reti	st of working life, even i		Penn. R. R.		laryland		Ψ,	NIRY? A.
13. FATHE				14	MOTHER'S MAIDEN N			77
	Late - F	rederick				Elizabeth		
	DECEASED EVER IN U.S. A Drunknown) (If yes giv		16. SOCIAL SECURITY NO.	17 INFOR	MANT Harry	F. Kaufman S	Address Sr.	
(, ,,,,,,,			1	R	. 1 - B	ox 118. Seve	rna Park	Md.
			line for (o), (b), and (c))		-	0 0		INTERVAL BETWEEN
	PART 1. DEATH WAS C	AUSED BY: MEDIATE CAUSE (o)	Consenter	P K	eart.	Andluce		ONSET AND DEATH
	64411	DUE TO	0 - 1	7	- / //	7	~	
Condi	Conditions, if ony, which gove) (b) Certeursclerotte heart clisease 425							
	o immediate couse ((0), (DUE TO	0					
storing the underlying couse (c) Servelety						YRS		
PART	II. OTHER SIGNIFICANT	CONDITIONS CONTRI	BUTING TO DEATH BUT NOT REA	TED TO THE T	rminal disease con	NDITION GIVEN IN PART 1((0)	19. WAS AUTOPSY PERFORMED? YES MO
OR CO	ACCIDENT WAS UNDERLY ON TRIBUTING (I) CAUSE THER, NOTIFY MEDICAL I	OF DEATH	205. DESCRIBE HOW INJURY OC	CURRED. (Enter	noture of injury in	Port I or Port II of item 1	B.)	
MEDICAL 20x	TIME OF INJURY Mont	th, Doy, Yeor			INJURY (Hame, form		vn) (Caur	nty) (Stote)
WE	Hour o.m.	19	While Not While of work	toctory, si	reet, office bldg., etc.)	/	•	
		(I) (this hospital)	gttended the deceased	from ///	29	9672003/1	L 19/2	7that (I) (we) last
	sow the deceased		14 1867,0	nd that de	atb accurred at		uses and an th	e date stated above
220.	SIGNATURE	16	P		ATTENDING	MED. STAFF	22b. DA	TE SIGNED
	Come	u ll a	espola	M.D.	22d. ADDRESS	DIRECTOR L PHYS.		
72c.	PHYSICIAN'S NAME (Type)		/	not	ann	ed ari	indel	Hosp
	IAL, CREMATION,	23b. DATE THEREOF	23c. NAME OF CEME	TERY OR CREM	ATORY	23d. LOCATION (City	or Town) (County) (State)
	QVAL (Specify)	5/17/67		athedr	al Cem.		ore, Md.	
24 FUNI	24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE WITZER F. D 4101 Edmondson Ave.							
Witzke F. D 4101 Edmondson Ave.								

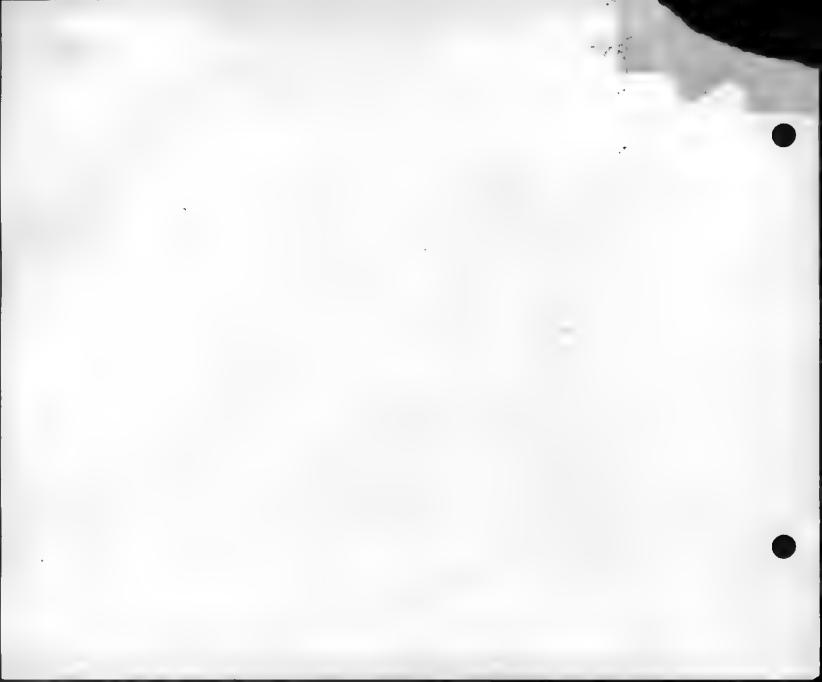
TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting pllysician and completely filled in by the funeral director, page 3 should be detached far use as the buttal-transit permit. Then please remove corban papers. Pages 1 and 2 should be filled with the State Dept. of Health priar to burtal, crematian, ar removal, and in any event, pathin 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate Le execute within 14 Maurs Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 86134 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution, Residence before admussion) PLACE OF DEATH o. COUNTY MARYLAND by the Pages papers. Page: hin 72 hours at C LENGTH OF STAY IN 16 CITY OF outside corporate I mits, write RURAL and give nearest town? b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e IS RESIDENCE ON A FARM? completely filled in MAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) NO IX Carbon NAME OF Middle DATE Month Doy Year ent, wit DECEASED IRCHNEK 19 (Type or print) IF UNDER 24 HRS AGE (In years FIINDER 6 COLOR OR RACE 7 MARRIED NEVER MARRIED 9 lease remaye lost birthdoy) Doys and in any WIDOWED DIVORCED pup KIND OF BUSINESS OF 11. BIRTHPLACE (County & State or foreign country) 12 CITIZEN OF 100 USUAL OCCUPATION (Give kind of work done during most of warking tite, even if retired) physician on please unair 14. MOTHER'S MAIDEN-NAME 13 FATHER SNAME burial, crematian, or removal, Then attending (**INFORMANI** 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, no, grunichown) (If yes give wor or dates of service) INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), (b) signed by the burnal-transit p ‡ ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO stating the underlying couse O FUNERAL DIRECTOM: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION, GIVEN IN PART 1(o) NO 20g ACCIDENT WAS UNDERLYING 205, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While at work ot work 19.67, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram shauld and that death accurred at 1830 /M. fram causes and an the date stated above saw the deceased alive an 220 SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS M.D PHYS PHYSICIAN'S 22d ADDRESS NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City of Town) DATE THEREOF BURIAL CREMATION EMOVAL (Specify) 2Sb ADDRESS 24 FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 2DM 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OS 135
CERTIFICATE OF DEATH

 			**		
C	ERT	TFIC	ATE	OF	DEATH

00200	
1. PLACE OF BEATH a. COUNTY Anne arunded MARYLAND	2. USUAL RESIDENCE (Where deceased lived, It institution: Residence before admission) a. STATE b. COUNTY
b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	hut P.S.
west winer	12.1
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE DN A FARM?
Cherry Point Rd.	Cherry our Rd. YES NO D
3. NAME DF DECEASED (Type or print) Tohn William	Last OF Month Day Year 19 67
5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF/BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 12/20/1899 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) /NDUSTRY	RI COUNTRY?
13. FATHER'S NAME	Diagenthurg, ma. USS
Tohn Klein	14. MOTHER'S MAIDEN NAME . Mostermouse
15. WAS DECEASED EVER INU S ARMED FORCES? 16. SOCIAL SECURITYND, 1 17.	INFORMANT, Address / A 17.01
(Yes, no, on unknown) (If yes give war or dates of service) 218-12-7772	Wefe. (Mrs. Cocilia Mein), min
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	1 INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: My occurred	infarction insert and DEATH
IMMEDIATE CAUSE (a)	Joseph Linematories
Conditions is any which to	
Conditions, If any, which gave rise to immediate (b)	
cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ITED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
20	YES ND
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESCRIBE HOW INJURY OCCUPANTIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
1 ⊆ 1 fanto	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
P.m. 19 While Not While	0
21. 1 certify that (I) (this hospital) attended the deceased from	few 1962 to May 1, 196/, that (1) (we) last
	t death occurred at 33 M, from the causes and on the date stated above.
22a. SIGNATURE	1 22b. DATE SIGNED
will and to mit M.E.	ATTENDING MED. STAFF DIRECTOR PHYS. D 5/4/67
22c. PHYSICIAN'S NAME (Type) Willard F. Smith MI	22d. ADORESS Shady Side, Md.
23a. BURIAL CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify)	Cemetery Rockville, ad.
Bat 101 07 07 07	
	1 1111 A 111
Funeral Home Inc. Maryland	DIMEAY 8. 1967 Peternta Prefer



TO HOSPITAL OR ATTENDING PHYSICIAN: The lam requims that time duals contificate be executed within 24 hours after death.

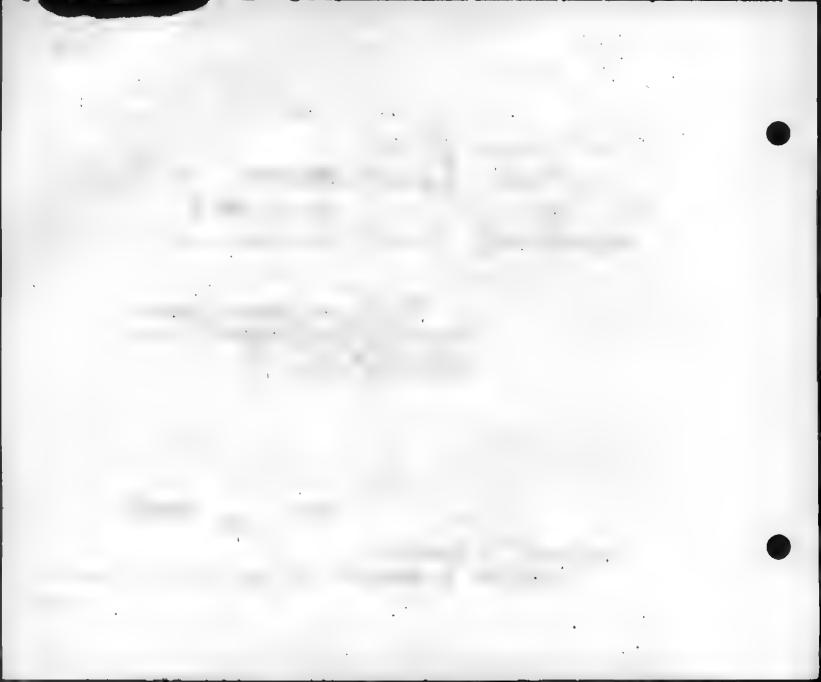
Page 4 may be retained by the hospital or attending physician. rage 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1/mind should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR AIS (4) 20M 1/65

	MARYLAND STATE DE	PARTMENT OF	HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
06136	CERTIFICAT	E OF DEATH		JS126

1. PLACE OF BEATH 9. COUNTY A A B	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 6. STATE b. COUNTY
D. CITY OR YOWN AT outside corporate limits, c. LENGTH OF SIAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest, town)
b. CITY OR YOWN of outside corporate limits, c. LENGTH OF STAY IN 1b	C. CITT ON TOWN (II DUISING COSPOSATE MINITS, WHITE NORME ON BUTCHES COST, COMMISS
- Milling (la) it day	etal ! Colore Bada, lad
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADDRESS
Judlevood Mono?	112 Coda Rd YES NOT
3. NAME OF DECEASED First Middle	Last 4. DATE Month - Day Year
(Type or print) 5. SEX 6. COLOR OR RACE LY MADDING TO THE PRINTS OF THE	MOCKEY DEATH 5 - 7 -6/19
/ MARRIED LINEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
WIDOWED DIVORCED	nort3 1814.9 dus.
1Da. USUAL OCCUPATION (Give kind of work done 1 1Db. KIND OF BUSINESS OR during most of working life, even) in retired () INDOSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
SMODAL. DIN THIREWA LO	M (Leon N. + 1 11) 13
13. FATHER'S MAME	14. MOTHERIS MAIDEN NAME
1/1/4	Le de a marco
TE WAS Prosected Francisco	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 14. (Yes, no, of unknown) ((If yes give war or dates of service)	HYFORMANT Address
166	Jan Elle
18. CAUSE DF DEATH (Enter only one cause per line for (1) (b) and (c)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocoro	eat tolo alean ONSET AND DEATH
1	
Conditions, If any, which)	
gave rise to immediate	
cause (a), stating the DUE TO	
underlying cause last, (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
CAT	YES NO NO
20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCC	URRED, (Enter nature of Injury In Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Offices (cases massics of sular) in tale 1 or tall 1. or train 20.
9 1	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg,, etc.)
Hour a.m. p.m. 19 While Not While 1801	5) 7, 40 601, 4110 0 10 B.1, 610./
21. I certify that (I) (this hospital) attended the deceased from	1966, 19, to 1967, 19, that (1) (we) last
E -// -/ '	at death occurred at AM, from the causes and on the date stated above.
22a. S/GNATURE)	I 22b. DATE SIGNED
The Control of the Control	ATTENDING MED. STAFF
	D. PHYS. DIRECTOR PHYS.
22C. PNYSICIAN'S NAME (Type)	WILL ADDRESS RA 72000000000000000000000000000000000000
1 COO O O O O O	The same and the
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	TY OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL (Specify) 5/1-7/157 (LANGE)	De ent Endicatt in it.
24. UNERAL DIRECTOR ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
tale + 1 K	(V) ANN Office
Mulle of Daniel Museum	Ench DATMAY 12 1967 Journes Judge
TIPECT S PLOPATIES	



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) 1. PLACE OF DEATH a. COUNTY **IN COUNTY** Pric Tyric MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits. E. LENGTH OF STAY IN 16 write RURAL and give neerest town) Glen Burnie Flan Purnie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO Arundel Hormit. orth 3. NAME OF DATE Month Day M ddle OF DECEASED DEATH (Type or print) Warren 19 Kotrain and cor AGE (In yeers | IF UNDER) YEAR | IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE, 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH Wiff lest birthday) Months Devs Hours l'ale vent, WIDOWED [DIVORCED [physician 10s. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY , 11, BIRTHPLACE (County & State, or foreign country) remove done during most of working life, even if retired) Patrolian State Roafs bulti ore lar, 1 md 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME affending John B. Kotmair å rzie I. t.hnn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (Ifyes give wer or detes of service) Elgine Kotmair INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OUL IMMEDIATE CAUSE (e) DUE TO Conditions, if env. which gave rise to immediate cause DUE TO (a), stating the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (13) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO , 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (Stote) 20c. TIME OF INJURY 20d. INJURY OCCURRED (County) Month, Day, Year tactory, street, office bidg., etc.) While Not While House a.m. et work el work 19 That (I) (this hospital) attended the decessed from..... and that death occurred at from the causes and on the date stated above. saw the deceased alive for 22b. DATE 220. SIGNATURE SIGNED ATTENDING STAFF PHYS DIRECTOR PHYS. M D death. Page 4 with f 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) J' Or Ti Filrore St director, be filed v 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a, BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Fredenial. O **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE 15M 7 62

RYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18-Give. Poges 1, 2, and 3 to the funeral director Page 4 should be forworded to the Chief Medical Examiners Office along with farm PM3. Page 5 may be retained for your files.

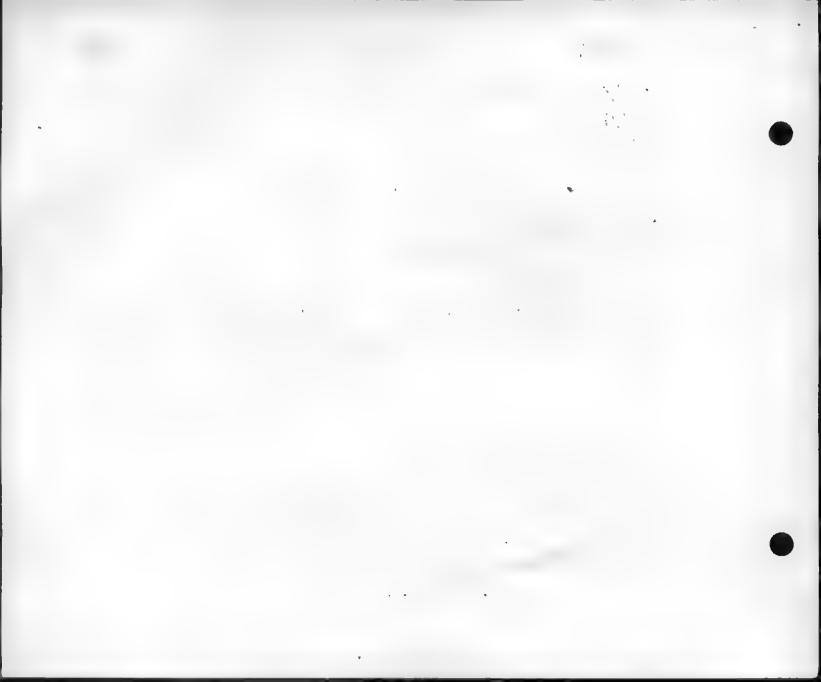
TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of Health prior to buriol cremation, or removal, and in one event within the house.

MADYLAND CTATE DEPARTMENT OF HEALTH

	- 1	HEAR FRAN	יב שו	1 143	r Drive	CHIMPINE	OI HEALIT		
DIVISION OF	VITAL	RECORDS,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	2120

0613	3	MEDICAL EXAMINE	K.2	CERTIFICATE OF D	EAIH [6128	
PLACE OF DEATH				2 USUAL RESIDENCE (Where			are odmission)
ANNE AR	UNDEL COUNTY	MARYLA	ND	Maryland	b. COUNTY Anne	Arund	el
b CITY OR TOWN	(If outside corporate limits, and give nearest town)	c LENGTH OF STAY IN	Ь	c. CITY OR TOWN (If outside of	orporate limits, write RURAL	and give near	est town)
Glen Bu	rnie	DOA		Glen Burnie			/
North A	rundel Genera	ospital, give street address) L HOSDI Ca I		d STREET ADDRESS Le	ymar Road		e IS RES DENCE ON A FARM?
Ronkexx	2хнхВыхх#ыв́й			Route #2 - 1			YES NO X
3. NAME OF DECEASED	First	M ddle		Lost 4 E	ATE Month	De	Year Year
(Type or print)	GUS	S.		KOULOUKAS	EATH May	2	19 67
S SEX	6 COLOR OR RACE 7 /	MARRIED 🗶 NEVER MARRED] [DATE OF BIRTH		Months Days	
Male	MILLE	IDOWED D VORCED		10-8-14	52 yrs		
10a USUAL OCCUPAT C during most of workin	ON (Give kind of work done of life, even if retired)	10b, KIND OF BUSINESS OR INDUSTRY		II BIRTHPLACE (State or for	eign country)	12 CIT ZEN COUNTRY	
Chef		Emerson Hotel			ece	USA	
13 FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
	Unknown				Unknown		
	/ER IN U.S. ARMED FORCES?) ((If yes give war or dates of serv	ice) 16 SOCIAL SECURITY NO.	17 1	NFORMANT	Address		
Yes	W 11	114-09-7166	M	rs. Joyce Koul	oukas, same	as 2	
	DEATH (Enter only one cause pe ATH WAS CAUSED BY	r line for (a), (b), and (c))					TERVAL BETWEEN NSET AND DEATH
	IMMEDIATE CAUSE (a)	Arterioscle	rot	ic cardiovascu	lar disease		NOCI AND DEATH
4221	000.10						
Conditions, if on	te couse (o)						
stating the und							
last.) (c)_						<u> </u>
6	SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATE	D 10 T	HE TERMINAL DISEASE COND T OF	N G VEN IN PART I(o)		WAS AUTOPSY PERFORMED? YES X NO
200 EXTERNAL C	ONTRIBLTING	206 DESCRIBE HOW INJURY OCCU	RRED (Enter nature of injury in Part I	or Part I of tem 8)		
	JURY Month, Day, Year	20d INJURY OCCURRED 20	e PLAC	E OF INJURY (Home, form	20E (City or town)	((ounty)	(State)
Hour o	i.m. 19	While Not While at work .	facto	ory, street, office bldg., etc.)		(600 11)	(3.0.0)
21 1 certi	ify that I taak charge af	the remains described above	e, hel	d an Autopsy 🔀 , Ins	pection 🔲, Inquir	y 🔲, an	d in my apınıar
death resu	lted fram: Natural ca	uses 🗶 Accident 🗌,	Suici	de 🔲, 🛮 Hamicide 🔲,	Undetermined mar	iner 🔲	
ACTUAL	1000	() ~ /		CHIEF MEDICAL EXAMI	NER		DB DATE SIGNED
SIGNATURE	wernes !	2/20		M.D. ASSISTANT MEDICAL E			27 DATE SIGNED
EXAMINER'S NAME (Type)	WERNER U	SPITZ, M.D.		DEPUTY MEDICAL EXAL Address (Street, 647,			5-2-67
23a BURIAL, CREMAT	ION, 23b. DATE THEREOF		RY OR (REMATORY 2	3d LOCAT ON (City or Town) (Caunt	y) (State)
REMOVAL (Special Burial	6 May 19	67 Glen Ha	ven	remorial	Glen Burni	o Ma	21061
24 FUNERAL DIRECT		ADDRESS		250 REC'D BY R	EGISTRAR 256 REGIS		RE
Kirkley H	Funeral Home.	Glen Burnie. Md		DAMAT 5	1887 ICL	carles &	noge

VR A15ME (5) 6M 1/67



MADVIAND STATE DEDADTMENT OF HEALTH

	HIMR I LAND	J JIMIL DLIM	IMPAIL OF HEAPIT	1
DIVISION OF VIT	TAL RECORDS, 3	301 W. PRESTON	STREET, BALTIMORE,	MARYLAND 21201

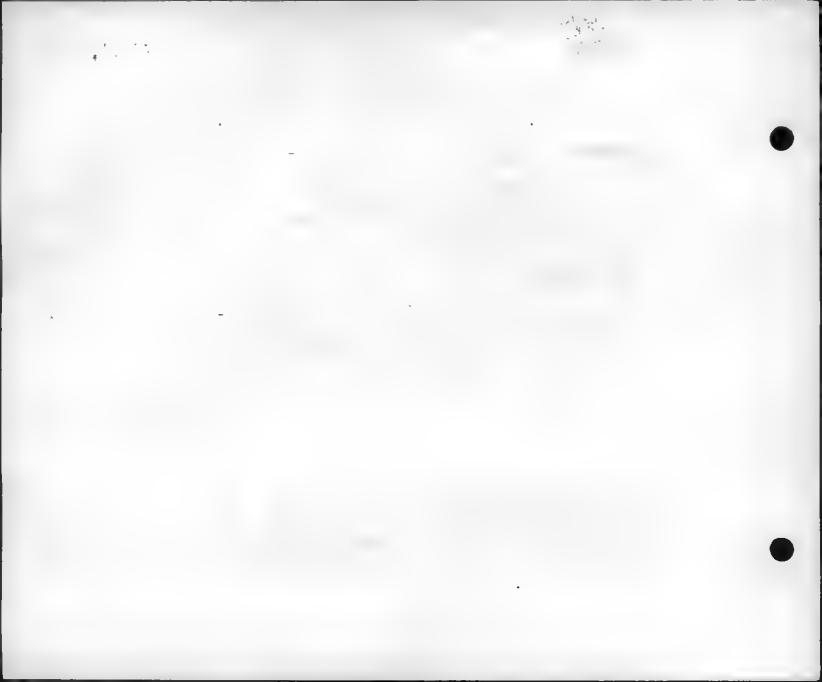
06133

CERTIFICATE OF DEATH

														·
		PLACE OF DEATH						2. USUAL RESIDENCE	(Where d	eceosed			e before odn	n ssion)
	(o. COUNTY AI	NNE ARUNDEI	1		MARY	LAND	o STATE MARYI	AND		b COUN		E ARUN	DEL
	ŀ	b CITY OR TOWN (I	If outside corporate limit		C	LENGTH OF STAY II		c CITY OR TOWN (If a		rporate	limits, write RUR			
		FORT G	i give nearest town) EORGE G • ME	ADE	17	l Hrs 58	Min	FORT GEOF	RGE G	M M	EADE			
. >			AL OR INSTITUTION (If no					d STREET ADDRESS		4 41				RESIDENCE
a V ^{SF}		KIMBROU	CH ARMY HOS	PITA	L			7012-C BA	KER	STR	aloni.		YES	A FARM?
~		NAME OF	F	rst		Middle		Lost	4 DA		Monti	h	Doy	Year
'	-	DECEASED (Type or print)	Not	Name	d			LAU	DE	ATH	MAY		30	19 67
١ /	l .	SEX	6 COLOR OR RACE	7. MARI	RIED	NEVER MARRIED	E	B. DATE OF BIRTH			GE (In years ost birthday)	Months 1		NOER 24 HRS
	M	ale	Hon	WIDO	WED	DIVORCED		May 30, 196	7		yrs yrs	WOILERS .	1	1 58
		USUAL OCCUPATION ing most of working I	(Give kind of work done	16	Ob KIND O INDUST	F BUSINESS OR		11 BIRTHPLACE (Count	y & State	or foreig	ս conսրչ()		ZEN OF WHA	AT .
	don	None			INDUST	N/A		Anne Ar	unde	1, 1	Marylan		USA	
	13	FATHER'S NAME						14. MOTHER'S MAIOEN				-		
		Charle	es Lau					Mitsuko	v.iM	agi				
	IS.	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	of service)	16. SOCIA	AL SECURITY NO	17. 1	NFORMANT (moth	er)		Addre	SS		Md
	(1.0	No	(If yes give war or dates of N/A			N/A		suko Lau		2-C	Baker S	t. Ft	Geo G	Meade
			ATH (Enter only one cou										INTERVAL	BETWEEN
		PAKI I DEAL	TH WAS CAUSED BY: —— IMMEDIATE CAUSE	(o) P	remat	turity a	nd At	telectasis					ON SET A	ND DEATH
		16.1	DUE	TO										
		Conditions, if ony, rise to immediate	which gove	(b)										
	П	stating the under		TO										
		last.)	{c}										
.)	×	PART IF OTHER SIG	GNIFICANT CONDITIONS C	ONTRIBUT	ING TO DE	ATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE CO	ONOITION	G.VEN I	N PART 1(o)		19 WAS	AUTOPSY ORMED?
1	CATIC												YES	NO 🔀
	CERTIFICATION		CAUSE OF DEATH	20	DESCRIB	E HOW INJURY OC	CURRED	(Enter noture of injury in	n Port I o	r Port II	of item 1B.)			
	3		MEDICAL EXAMINER) JRY Month, Doy, Yeor	2	20d INILIRY	r occurred	20e. Pt A1	E OF INJURY (Home, for	rm. 2	20f (d	(Ity or town)	(Cou	nty)	(Stote)
	MEDICAL	Hour a.m	n.	1	While I	Not While		ory, street, office bldg., et			,	(250	.,,	(5.570)
		21 I certif	y that:(I) (this has	pital) a	ttended	the deceased	from	May 30 ,	19.67		May	30, 19 <u>6</u>	7, that () (we) last
			eceased alive an	30	May	19. <u>67</u> , c	ind that	death accurred a	1 <u> </u>	OW, I	ram causes (oted abave.
		220. SIGNATURE	1.4-11	ele	, /	14 D-	M.D	ATTENDING D	MED DIRECTO	ne [STAFF DRYS.		te signed May 1	967
		22c PHYS CIAN S	7 44		1	-	TT6-M	22d ADDRESS						
		NAME (Type)		CULL	ZV, C	PT, MC		KIMBROU	GH A	RMY	HOSP,F	C GEO	G MEA	DE, MD
	230	BURIAL, CREMATIO		EREOF	23	RAME OF CEME	TERY OR	A ²	23	LOCAT	TION (City or Tov	vn) ((County)	(Stote)
	1	SEMOVAL (Speylow)	L JUNG	= 1/2	07K	ARLEI	R /11	En Cem	1		MREL	12ti	1.208	10
6	24	FUNERAL DIRECTOR	R/1/1/	10		AODRESS	0	250 84	GO BY BE	GISTRAR	967 25b 36	GISTRAR'S S	GNATURE	ige.
4	1.	Turner	a a cr		/	Zam	et,	DATE	211 0	11			0	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3 France, lefter death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 54 he funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0614	0		CERTI	FICATE	OF DEATH			38129	3
Ĩ	o, COUNTY.	Arundel		MA	RYLAND	2. USUAL RESIDENCE o STATE	(Where deceo	sed lived, if institution b. COUN	on Residence befor	re odmission)
	5 CITY OR TOWN (I write RURAL and	f autside corporate imi	ls,	c. LENGTH OF STAY	' IN 1b	c. CITY OR TOWN (If o		ote limits, write RJR	AL ond give neore	st town) +
L		give negrest town)					rura	1)	04	
	d NAME OF HOSPITA	AL OR INSTITUTION (If n	ot in hospital,	give street oddress)		d STREET ADDRESS				B IS RESIDENCE ON A FARM?
		llwood Nur				Box				YES NO
	NAME OF DECEASED		irst Natur	Middle		Lost	4. DATE OF	Month		
-	(Type or print)	AN THO	7. MARRIED	PAUL		LEVERONE B. DATE OF BIRTH	DEATH	May AGE (n years	22 F UNDER 1 YEAR	19 67 I IF UNDER 24 HRS
1	_		WIDOWED	NEVER MARRI				lost birthdoy)	Months Doys	Hours Min.
-	malle	Gaus.		IND OF BUSINESS OR	10 LJ (Oct. 31,188		79 yrs	12 CITIZEN O	SE WHAT
- 0	luring most of working Postal	life, even if retired)		NDUSTRY			•	4 17	COUNTRY	
	13. FATHER'S NAME	OTELK	1 03	Gov't.		Washingto			USA	
	unknow					unknown				
-	IS. WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO.	17. 1	NFORMANT		Box Addres	SSP+ 7	
- '	(Yes, no, or unknown)	(If yes give wor or dates	1 .	0-44-4913	Mari	s.arnold J.	Dalw	-	ille ud	
	18. CAUSE OF DE	ATH (Enter only one co H WAS CAUSED BY:	use per line (a		~~~				IN	TERVAL BETWEEN NSET AND DEATH
	1637	IMMEDIATE CAUSE	(0)	,					1	,
	Conditions, if ony,		(b) C	areno	ma	of lun	3		fe	wdays
	rise to immediate stating the under		TO				V			U
	last.)	(c)							
Z Z	PART II. OTHER SIG	GNIFICANT CONDITIONS	CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO 1	HE TERMINAL DISEASE CO	ONDITION GIVI	EN IN PART 1(o)		WAS AUTOPSY PERFORMED? YES NO
I COLLADIDITATION	. I the corner, notice :	CAUSE OF DEATH	20b D	ESCRIBE HOW INJURY	OCCURRED	Enter nature of njury in	Port I or Por	rt If of item 18)		
MCD Cal	20c TIME OF INJU	RY Month, Doy, Year	2Dd. While			E OF INJURY (Hame, fai ory, street, affice bldg., et		(City or fown)	(County)	(State)
		y that (I) (this ho	spital) otten	ded the deceased	fram and that	death scurred a	19 <u>. Co.7</u> , t	10 may 2 A, from couses of	2, 1967, to	hat (1) (we) las
	220. SIGNATURE	7	-01		,		AAFIR		22b. DATE/SIG	
		m /h	with	5	M.0	ATTENDING PHYS.	MED. DIRECTOR	STAFF DHYS	5/2	467
1	22c. PHYSICIAN'S NAME (Type)	Dan 3=14	L VID			22d. ADDRESS		T a		
1		Ray Smit						verna Par		
12	230 BURIAL, CREMATIC REMOVAL (Specify)		IEREOF	23c NAME OF CEL				OCATION (City or Tov	vn) (Count	y) (Stote)
-	Burial	May 25	2 57	St. Pary	S Car	tholic Cem	Was	hington	MCWD A D C CLONIATE	D.C.
	De AGE JERT	. "opping	13 m	whey !!	Legen	250 RK	AY 255	1967 00 1	PARS SIGNATU	Judge.
	HUPPING FL	NaR.L HO.	5 - And	asolis. A	ar/12	ad DATE				/ 0

TO FULLERAL DIFFECTOR: After this certificate has been signed by the attending physician and completely (liked in by the fronteral director, page 3 shauld be detached for use as the burial transit permit. Then please remove despen papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any eyent, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Pagm 4 may be retained by thm haspital ar attending physician.

VR A15 (4) 25M 1/67



FOR P.M.3. Page delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta **O FUNERAL DIRECTOR:** Page 3 should be used as a burial-transit permit. Fix pages Tand 2 with the State Department of Health or its designated agent, prior to burial, crematian, ar removal, and in any event within 72 haurs after death

the funeral director. Page 4 shauld be farwarded to the Chief Medical Experience's Office along with form

5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fire pages

TO DEPUTY MESCAL EXAMINER: This certificate should be enecuted within 24 hours after death If

MARYLAND STATE DEPARTMENT OF HEALTH

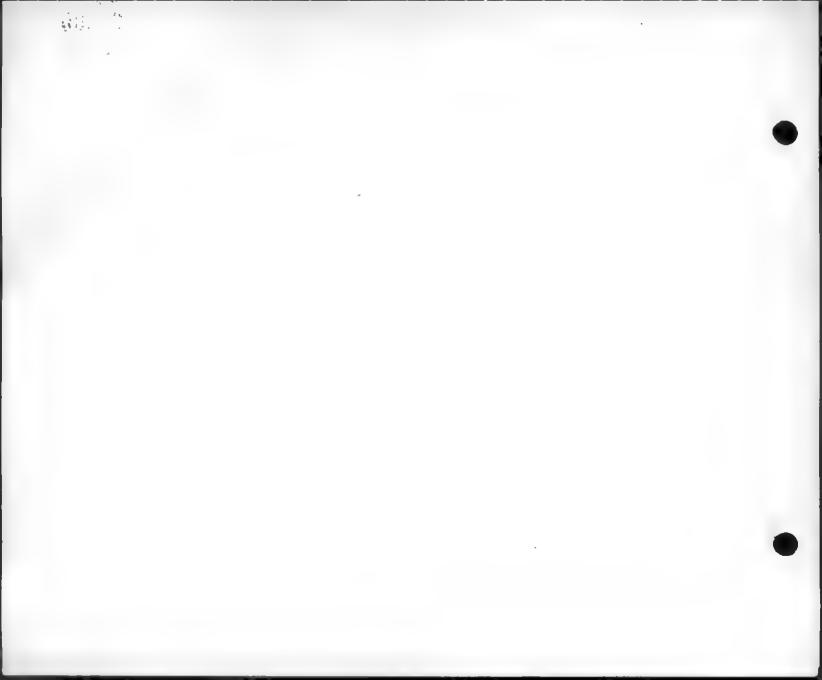
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

67604

		PLACE OF DEATH		2 USUAL RESIDENCE (V	Where deceased lived if institu		
		A.A. CO.	MARYLAND	MI	9 6 (0)	AAA	20
		C TY OR TOWN (If outside corporate imits, C LENGTH O	F STAY IN b	CITY OR TOWN (fou	its de corparate limits, write Rl	JRA1 ond give r	neorest town)
		With RURAL and give nearest town)		Brook	1411		
		NAME OF HOSPITAL OR INSTITUTION (If not in hospito, give street addi	ess)	d STREET ADDRESS	~	ζ.	e IS RES DENCE
H		North. ARUN del. Harpil	til	312 Be	rlen WE.		ON A FARM? YES NO 1
		NAME OF First Min	dle	Losi KFL4	4. DATE Mor OF DEATH 5	ith	Doy Year 19 6 7
	S.	The relative to the second sec	MARRIED K	DATE OF BIRNE	9 AGE (In years	IF UNDER 1 Y	
		M	IVORCED		lost birthdoy) yrs.	Months D	Doys Hours Min
		USUAL OCCUPATION (Give kind of work done INDUSTRY) JUB 106 KIND OF BUSTRES INDUSTRY	S OR	11 BIRTHPLACE (Stote	or foreign country)		EN OF WHAT TRY?
	13.	FATHER'S NAME		14. MOTHER S MA DEN E	NAME		
		WAS DECEASED EVER IN US ARMED FORCES? 16 SOCIAL SECURIT s, no, or unknown) (If yes give wor or dotes of service)	Y NO - 17 - 11	FORMANT	Add	ress	
	(10	s, no, or originatin) (in tes dire and or dores or service)					
		IB CAUSE OF DEATH (Enter only one couse per line for (a) (b)) and ((1)	4		T	INTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0)	& llese	elve acc	educh	1	ONSET AND DEATH
		DUE TO					1 6-0
		Conditions, if ony, which gove) (b)					GARS.
		rise to immediate couse (a), (
		stoting the underlying couse (c)					
		PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT DE ATED TO TO	AND STANDING IN A MOST SH	DIT ON C VEN IN PART 1(a)		19 WAS AUTOPSY
2	CERTIFICATION	TAKE II OTHER STORY CARD CONDITIONS	NOT KEENIED TO TO	TE TERM HAL DISEASE COM	DINOR O TER IN TAKE IQU		PERFORMED? YES NO
	RTHFI	200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW IN PRIMARY □ or CONTRIBUTING □	JURY OCCURRED (Enter noture of injury in I	Port I or Port II of item 1B.)		
		CAUSE OF DEATH					
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRE		E OF INJURY (Home, form rv, street, office bldg , etc.)		(Count	ly) (Stote)
	×	Hour a m 19 While Not Whi		ry, street, ottike blug , etc.)			
		21 I certify that I took charge of the remains descri	bed above, hel	d an Autapsy 🔲.	Inspection Inq	ury 🖃	ond in my opinion
		death resulted from Natural couses M. Accide		le 🔲, Hamicide	Undetermined n	,	
		(1)		CHIEF MEDICAL		10111121	
		SIGNATURE Cofundad		M.D. ASSISTANT MED			22. DATE SIGNED
		EXAMINER'S - / / / A		_ MLD.	L EXAMINER	_/	-1/10
2		NAME (Type) E. LINDAROT,	10		, city, town, or county)	2/10	8/6/
	230		OF CEMETERY OR C	REMATORY	23d LOCAT ON (City or To	wn)	ounty) (State)
		REMOVALY Specify) 6.12-65 10.0	Md. Mo	a wahood	Ballin	ere.	Val
1	24	FUNERAL DIRECTOR ADRE	ESS			EGISTRAR S TIG	NATURE
1				DARLUN	1 5 1967 19	Marila	June

VR A15ME (5)

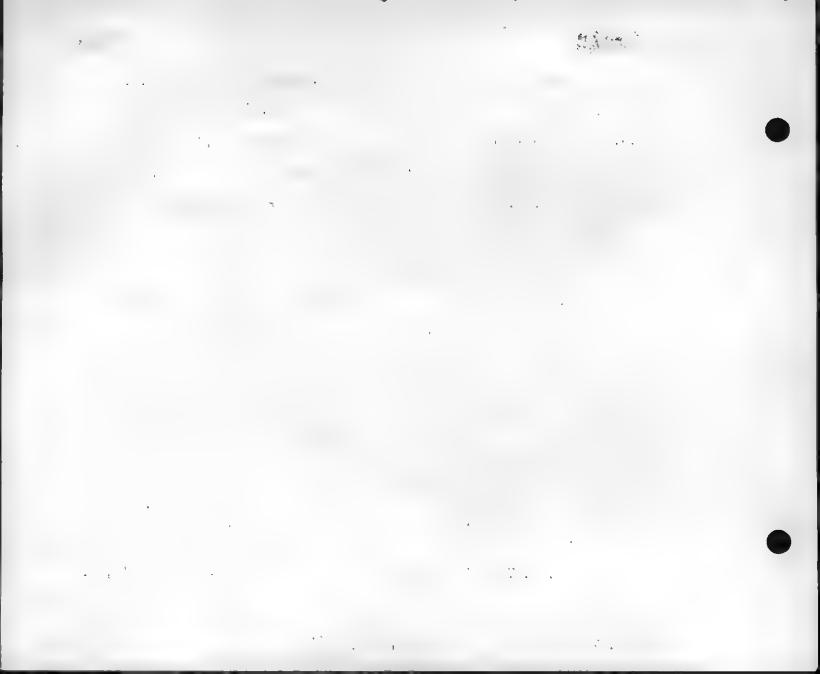


24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 4 should be filed with the State Dept. of Health prior in burial, cremation, or removal, and in an experient, within 72 hours after TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1, 15 4	47.47
1. PLACE OF DEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Re	
Anne Arundel	e. STATE b. COUNTY	1 / W
b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	Mary land A.A. c. CITY OR TOWN (if outside corporate limits, write RURAL)	and give nearest town
write RURAL and give nearest town) Annapolis	Annapolis	and Bran montost round
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
U.S. Naval Hospital	1904 Sands Drive	ON A FARM? YES NO 🔀
3. NAME OF First Middle	Last 4. DATE Month	Day Year
(Type or print) MIRA ROWE	LOUD OF DEATH May	18 19 67
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	B. DATE OF BIRTH 9. AGE (In years IF UNDER)	
Female Cauc. WIDOWED DIVORCED	25 January 1878 last birthday) Months Months	Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY		TIZEN OF WHAT
HOME	MAINE-	45.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
UNK	UNK	
15. WAS DECEASED EVER IN U.S. AR MED FORCES? 16. SOCIAL SECURITYND. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address	
$VO \longrightarrow U/I$	AVNE BLOUD #2	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).1	1	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY:	101	ONSET AND DEATH
IMMEDIATE CAUSE (a)	tmid,	
DUE TO		
conditions, if any, which gave rise to immediate (b)	0 + (0 (V/X	
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	119. WAS AUTOPSY
CAT		PERFORMED?
E 20a, ACCIDENT WAS UNDERLYING THE 20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part 1 or Part II of Item 18.)	
G OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA: Hour a.m. p.m. 19 at work at work	CE OF INJURY (Home, farm, 20f. (City or town) (Cour	ity) (State)
Hour a.m. While Not While factor	ry, street, office bldg., etc.)	
	9 May 19 67-to 18 May 19 6	7
21. I certify that (I) (this hospital) attended the deceased from		L, that (I) (we) last
Sun the dedeased directory	death occurred at 13.11M, from the causes and on th	e date stated above.
22a. SIGNATURE		TE SIGNED
W. /A-Nyasan M.D	. PHYS. DIRECTOR PHYS.	May 1967
22c, PHYSICIAN'S NAME (Type) W. G. TYPSON LCDR MC USN	224 NATORESSHOSPITAL, ANNAPOLIS, M	D.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cour	ity) (State)
REMOVAL (Specify)	DI CHEMINION 1230. EDUATION (City, town or cour	(Suite)
CHEMATION J-20-6/ IFT. KINCOKI	1 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S	elenging.
24. FUNERAL DIRECTOR DUKE OF GLOUCESTER	ST. BLAV D. O. 4007 (MIL! #	
JOHN M. TAYLOR & SONS. ANNAPOLIS.MO.	DATE 2 3 1967 Schanle	1 Judge

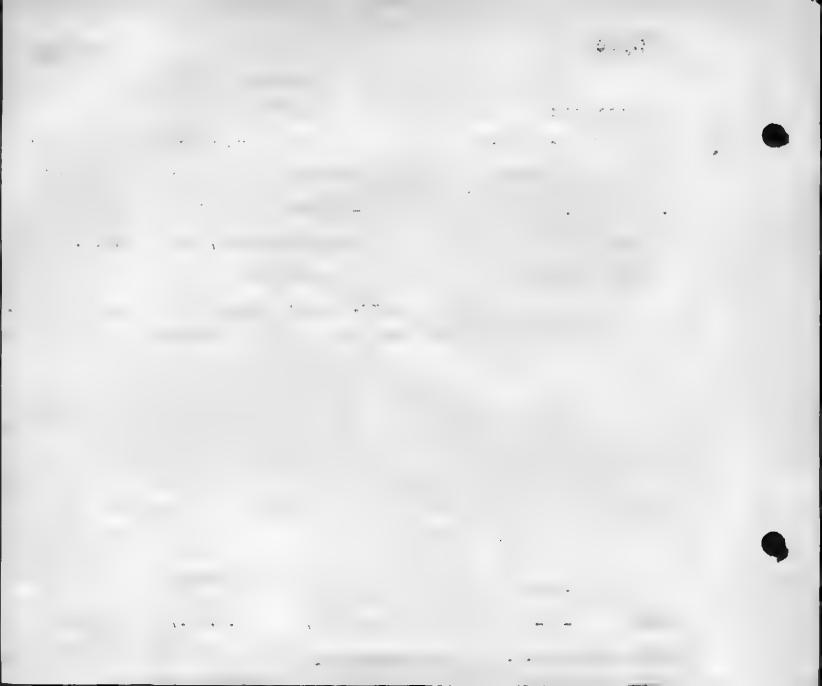
VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06142 and 2 death. funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence bell a COUNTY **b** COUNTY haurs after OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after write RURAL and give nearest tawn) c. CITY OR TOWN (If outside corporate limits URN ,⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) opers. d. STREET ADDRESS e IS RESIDENC nin 72 ON A FARM led 3 NAME OF First Middle 4 DATE Month Last Doy erely DECEASED 0F 5 (Type or pont) 19 DEATH S SEX 6 COLOR OR RACE AGE (In years IF UNDER I YEAR F UNDER 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost birthday) Manths Hours WIDOWED puo 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during mast of working life, even if retired INDUSTRY COUNTRY? 13 FATHER'S NAME MOTHER'S MAIDEN NAME or remayal, WAS DECEASED EVER IN U.S 17. INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO far use as the b Health priar tab stating the underlying couse WAS AUTOPS has PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? this certificate h detached far use NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I at Part II of item 18) 200 ACCIDENT WAS UNDERLYING . OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INBURY OCCURRED 20e PLACE OF INJURY (Harne, farm, (City or town) (Caunty) (State) Hour To.m. factory, street, affice bidg., etc.) Nat While After at work 1962 to 21. 1 certify that (1) (this hospital) attended the deceased from 130 DM, from causes and on the date stated above. TO FUNERAL DIRECTOR: sow the deceased alive an.... ond that deoth occurred at 22n SIGNATURE DATE SIGNED M.D directar, page shauld be filed 22d. ADDRES 22c. PHYSICIAN'S TO HOSPITAL BORSSUCK BUR AL CREMATION; 23c NAME OF CEMETERY OR CREMATORY 23a REC D REGISTRAR'S SIGNATURE



1		ON OF	STATIS		DECEAD	CH AND RE	COPDS				RAITI				
	DIVIS	14 P F	5	SIICAL	KESEAR	CEBTIE	A TE		ATH	SIREEI,	D-461	MORE	1, MAF	RYLAND	
) T &	5			CERTIF	TCATE	OF DE	ZIII					20_	199_
	1. PLACE OF •. COUNTY	DEATH .	A. (1		MA	RYLAND	2. USUAL R	RYLA			ved, If inst COUNTY	itutlon; Re	sidence Delo	a son Miron)
		TOWN (if o	ive neeres	t town]	ts,	c LENGTH OF	STAY IN 16		TOWN (II	outsida corp	orate limit	ts, write RL	JRAL and	give neerest	town)
, -	d. NAME O	HOSPITA	L OR INST	TITUTION (if not in hos	i pite), g ve street s	(ddress)	d. STREET	DDRESS						RESIDENCE
1	5807		le (Grove	Roa			5807 E	elle	Grov	ve R	oad Month		YES	NO E
	DECEASE	D				Midde	e		- 1	OF					feer
7 -	(Typa or pri				MES	_		MCCAI		DEATH		5	IIIIDER 1 V		19 5 7 DER 24 HRS.
	M.		N.	OK KACE	7, MARRIEI WIDOWE	NEVER MAI		1-2-19		9	last birt	hdey) M		eys Hour	-
	10e. USUAL C	CCUPATIO	N (Give k	and of work	10b, KI	ND OF BUSINESS	OR INDUST	RY 11. BIRTHPLA	CE ,Count	y & Stete, or	foreign c	ounity)	12. CI71Z	EN OF WHA	T COUNTRY
		IRED			-/			SOUTH	ERN	PINES	5, N	.C.	U.	S.A.	
	13. FATHER'S	NAME						14. MOTHER'S	MAIDEN N	IAME	•				
	J	AMES	MCC	ALL				FI	ANAN	E					
				RMED FOR		SOCIAL SECUR T	Y NO 17, .	INFORMANT			,	Address			
	Yes, no, or un				ervice)	SOCIAL SECURT			ah M	[cCal]			Bell	e Gro	ove R
	(Yes, no, or un	SE OF DE	esgivewer	ordetesofs	ervice) (Mr	s. Hani	ah M	icCall			Bell		DVE R
	(Yes, no, or un	SE OF DE	ATH (Enter	ordetesofs	ervice) (INK.	Mr		ah M	icCall			Bell S_	ONSET A	BETWEEN
	Yes, no, or un NO 18. CAU PAR	SE OF DE	ATH (Enter WAS CALL	ar only one	couse per li	INK.	Mr		ah M	McCall			Bell S_	ONSET A	BETWEEN
	(Yes, no, or un NO 18. CAU PAR Conditions	SE OF DE. I DEATH SM II ORNY,	ATH (Enter WAS CALL MEDIATE	er only one SED BY: CAUSE (e)	couse per li	INK.	Mr		ah M	icCall			Bell S_	ONSET A	BETWEEN
	(Yes, no, or un NO 18. CAU PAR Conditions gave rise	SE OF DE	ATH [Enter WAS CALL IMEDIATE Which]	er only one SED BY: CAUSE (e)	couse per l	INK.	Mr		ah M	(Cal)			Bell S	ONSET A	BETWEEN H
	(Yes, no, or un 18. CAU PAR Conditions gave rise (e), stetin ceuse lest.	SE OF DE. I DEATH A I DEATH I I DEATH I I I I I I I I I I I I I	ATH (Enter WAS CALL MEDIATE Which o couse ferlying	ordetes of s ar only one USED BY: CAUSE (e) DUE TO (b) DUE TO (c)	couse por li	/ N.K. ino for (a), (b), en	Mr d (c).]	MA	OF		L 0	807 ⋈-G-	<u>S_</u>	ONSET AI	BETWEEN
	Yes, no, or un 18. CAU PAR Conditions gave rise (e), sterin couse lest.	SE OF DE. I DEATH A I DEATH I I DEATH I I I I I I I I I I I I I	ATH (Enter WAS CALL MEDIATE Which o couse ferlying	ordetes of s ar only one USED BY: CAUSE (e) DUE TO (b) DUE TO (c)	couse por li	/ N.K. ino for (a), (b), en	Mr d (c).]		OF		L 0	807 ⋈-G-	<u>S_</u>	ONSET AI	BETWEEN ND DEATH
	Yes, no, or un 18. CAU PAR Conditions gave rise (e), sterin couse lest.	I DEATH I D	ATH [Entrement of the content of the	ordetexofs or only one USED BY: CAUSE (e) DUE TO (b) DUE TO (c)	TIONS CON	/ N K. ino for (a), (b), en CARC	Mrd (c).] Mr	MA	O F	AL DISEASE	L U	807	<u>S_</u>	ONSET AL	BETWEEN ND DEATH
	(Yes, no, or un 18. CAU PAR: Conditions gave rise (e), sterin couse lest. PART 20s. ACC OR CONTI	JEST OF DE THE STATE OF THE STA	ATH (Enth WAS CAL (MEDIATE Which o couse) forlying SIGNIF, CA	ordetesels or only one set only DUE TO (b) DUE TO (c) NT CONDI	TIONS CON	/ N K. ino for (a), (b), en CARC	Mrd (c).] Mr	MA	O F	AL DISEASE	L U	807	<u>S_</u>	ONSET AI	BETWEEN ND DEATH NO DEATH REPORTED REPO
	(Yes, no, or un 18. CAU PAR: Conditions gave rise (e), sterin couse lest. PART 20s. ACC OR CONTI	JEST OF DE THE STATE OF THE STA	ATH (Entrement of the Control of the	ordetexefs er only one ASED BY: CAUSE (e) DUE TO (b) DUE TO (c) NT CONDI YING LI TYING LI TY	TIONS CON 20b. DES While	TRIBUT NG TO D CRIBE HOW INJU INJURY OCCURRI	MY OCCURED	MA	OF	AL DISEASE ent I or Part II	L 5	807 NG	<u>S_</u>	ONSET ALL ONSET	BETWEEN ND DEATH NO DEATH S AUTOPSY REFORMED?
	(Yes, no, or un 18. CAU PAR Conditions gave rise i (e), stetin couse lest. PARI 20a. ACCI OR CONTIL (IF ETHER, Hou	DENT WAS BUTING OF INJURY T a.m. D D DENT WAS DENT	ATH (Enter WAS CALL MEDIATE which o couse ferlying of the couse of th	er only one SED BY: CAUSE [e] DUE TO (b) DUE TO (c) NT CONDI YING L OF DEATH XXAMINER! th, Dey, Ye 19	TIONS CON 20b. DES while at wor	TRIBUT NG TO D CRIBE HOW INJU INJURY OCCURRI Not Whila at work	EATH BUT NO	OT RELATED TO T	The Termin	AL DISEASE ort I or Part I	CONDITION of Item 1	807 NG	S_ (Count	ONSET ALL ONSET	AS AUTOPSI REFORMED? NO [[
	(Yes, no, or un 18. CAU PAR: Conditions gave rise (e), stetim couse lest. PART 20s. ACC OR CONTI (IF EITHER, Hou 21. Ce	JEST OF DE I DEATH IM JEST OF DE I DEATH IM JEST OF DE I DEATH IM JEST OF DEATH IM JEST OF INJURY TO SENJURY	ATH [Entward Entward E	ordetesefs or only one SED BY: CAUSE (e) DUE TO (b) DUE TO (c) NT CONDI YING L] TOP DEATH CAMMINER Th, Dey, Ye To hospi	TIONS CON 20b. DES while at wor	TRIBUT NG TO D CRIBE HOW INJURY OCCURRI K No! Whila at work to ded the dece	MY OCCURED A seed from.	OT RELATED TO T	HE TERMIN	AL DISEASE ert I or Part II 20f. (City	CONDITION OF TOWN	807 M.G. ON GIVEN 18.1	(Coun	NTERVAL ONSET AN AMERICAN STREET ON AMERICAN STREET STREET ON AMERICAN STREET STREET STRE	AS AUTOPS: RFORMED? NO [(Stere)]
	(Yes, no, or un 18. CAU PAR: Conditions gave rise (e), sterin couse lest. PART 20s. ACC OR CONTI (IF EITHER, Hou 21. Ce saw the	JESE OF DE. I DEATH I DEATH I DEATH I OTHER S I OTHER S DENT WAS BUTING E NOTIFY N OF INJURY r a.m. p.m. Ptify the decease	ATH [Entward Entward E	ordetesefs or only one SED BY: CAUSE (e) DUE TO (b) DUE TO (c) NT CONDI YING L] TOP DEATH CAMMINER Th, Dey, Ye To hospi	TIONS CON 20b. DES while at wor	TRIBUT NG TO D CRIBE HOW INJURY OCCURRI K No! Whila at work to ded the dece	MY OCCURED A seed from.	OT RELATED TO T	HE TERMIN	AL DISEASE ert I or Part II 20f. (City	CONDITION OF TOWN	807 M.G. ON GIVEN 18.1	(Coun	NTERVAL ONSET AN AMERICAN STREET ONSET AN AMERICAN STREET ON SERVICE OF THE SERVI	AS AUTOPS: RFORMED? NO [(Stera)] (We) lated above
	(Yes, no, or un 18. CAU PAR Conditions gave rise : (a), stetin ceuse lest PARI 20a. ACC OR CONTI (IF EITHER, Hou 21. I CC saw the 22a SIGI	JESE OF DE. I DEATH JAMES OF DENT WAS BUTING TO NOTIFY A OF INJURY TO STATURE TATURE	ATH [Entward Entward E	ordetesefs or only one SED BY: CAUSE (e) DUE TO (b) DUE TO (c) NT CONDI YING L] TOP DEATH CAMMINER Th, Dey, Ye To hospi	TIONS CON 20b. DES while at wor	TRIBUT NG TO D CRIBE HOW INJURY OCCURRI K No! Whila at work to ded the dece	EATH BUT NO	OT RELATED TO TO ACE OF INJURY (Interpretation of the death occur and ACE of ATTENDIN PHYS.	HE TERMIN Injury in P Iome, ferm bldg., etc.)	AL DISEASE ert I or Part II 20f. (City	CONDITION OF TOWN	807 ON GIVEN 18.) auses all	(Coun	NTERVAL ONSET AN AMERICAN STREET ONSET AN AMERICAN STREET ON SERVICE OF THE SERVI	AS AUTOPSY REFORMED? (Siera)
	(Yes, no, or un particular of the particular of	JESE OF DE. I DEATH JAMES OF DENT WAS BUTING TO NOTIFY A OF INJURY TO STATURE TATURE	ATH [Entward Entward E	ordetesefs or only one SED BY: CAUSE (e) DUE TO (b) DUE TO (c) NT CONDI YING L] TOP DEATH CAMMINER Th, Dey, Ye To hospi	TIONS CON 20b. DES while at wor	TRIBUT NG TO D CRIBE HOW INJURY OCCURRI K No! Whila at work to ded the dece	EATH BUT NO	OT RELATED TO TO ACE OF INJURY (Interpretation), street, office t death occur	HE TERMIN Injury in P Iome, ferm bldg., etc.)	AL DISEASE ent l or Part li 20f. (City 19.6.9 toM, from	CONDITION 1 of item 1 y or lown	807 ON GIVEN 18.) auses all	(Coun	NTERVAL ONSET AN AMERICAN STREET ONSET AN AMERICAN STREET ON SERVICE OF THE SERVI	AS AUTOPSY REFORMED? NO (Sleta) (Sleta) (We) la
	(Yes, no, or un particular of the particular of	JEST OF DE. I DEATH	ATH [Entward MAS CALL MAS CAL	or detectors or only one or one	TIONS CON 20b. DES while at wor	TRIBUT NG TO D CRIBE HOW INJURY OCCURRI K No! Whila at work to ded the dece	EATH BUT NO	OT RELATED TO TO ACE OF INJURY (Interrupt street, office the death occur	HE TERMIN Injury in P Iome, ferm bldg., etc.)	AL DISEASE ent l or Part li 20f. (City 19.6.9 toM, from	CONDITION To them 1 y or town STAFF PHYS.	807 ON GIVEN 18.] auses all	(County)	NTERVAL ONSET AN AMERICAN STREET ONSET AN AMERICAN STREET ON SERVICE OF THE SERVI	AS AUTOPSY REFORMED? NO (Sleta) (Sleta) (We) la ated abov 22b, DATE
1	(Yes, no, or un 18. CAU PAR Conditions gave rise i (e), stetin couse lest. PARI 20s. ACC OR CONTI (IF ETHER. How 21. I CC saw the 22e SIGI 22c PHY: NAA	INOTIFY the decease HATURE	ATH [Entward ATh [ordetexels or only one ar only one CAUSE (e) DUE TO DUE TO ONT CONDI YING LI TO DOP DEATH EXAMINER TO ON TO	TIONS CON 20b. DES 20d. While at wor 1al at en.	ITRIBUT NG TO D CRIBE HOW INJURY OCCURRI K at work a	EATH BUT NO EATH BUT NO EATH BUT NO ED 20e. PLA fec ased from. , and that	OT RELATED TO TO ACE OF INJURY (Intury, street, office of MATENDIN PHYS. A D. ATTENDIN PHYS. 22d ADD	trijury in P	AL DISEASE ON LOS PARTIES 20f. (City 19.6.9 to. M, from ED. RECTOR 23d. LOC	CONDITION (A.CO	807 ON GIVEN 18.1 City, town	(County)	NTERVAL ONSET AN I(a) 19. WA YES [IV) IV) III date si	SAUTOPS' RFORMED (Sleta) (We) Island about 22b. DATE SIGN (Sleta)
1	Yes, no, or un 18. CAU PAR Conditions gave rise i (e), stetin couse lest. PARI 20a. ACC OR CONTIL (IF ETHER, 20c. TIME Hou 21. I CE saw the 22e SIGI 22c PHY: NAA	JET THE SE OF DE. I DEATH I	ATH (Entrement of the course o	ordetexels or only one or only or one or only or one or one or only or one or o	TIONS CON 20b. DES er 20d. White et work tal) attent	TRIBUT NG TO D CRIBE HOW INJURY OCCURRING Work [Add the decended of the dece	EATH BUT NO EATH BUT NO EATH BUT NO ED 20e. PL fec ased from. and that COLUMN F CEMETERY CALV	OT RELATED TO TO THE CONTROL OF THE	trijury in P	AL DISEASE On Lor Park II 20f. (City 19.6.9 to. M. from ED. RECTOR 23d. LOC A. D BY REGIS'	CONDITION (A.CO	807 ON GIVEN 18.1 City, town	(County)	NTERVAL ONSET AN I(a) 19. WA YES [IV) IV) III date si	SS AUTOP: RFORMED NO (Steta) (We) ated abo 22b. DAT SIGI



0	6	1	L	E	
U	U	#	1	*	

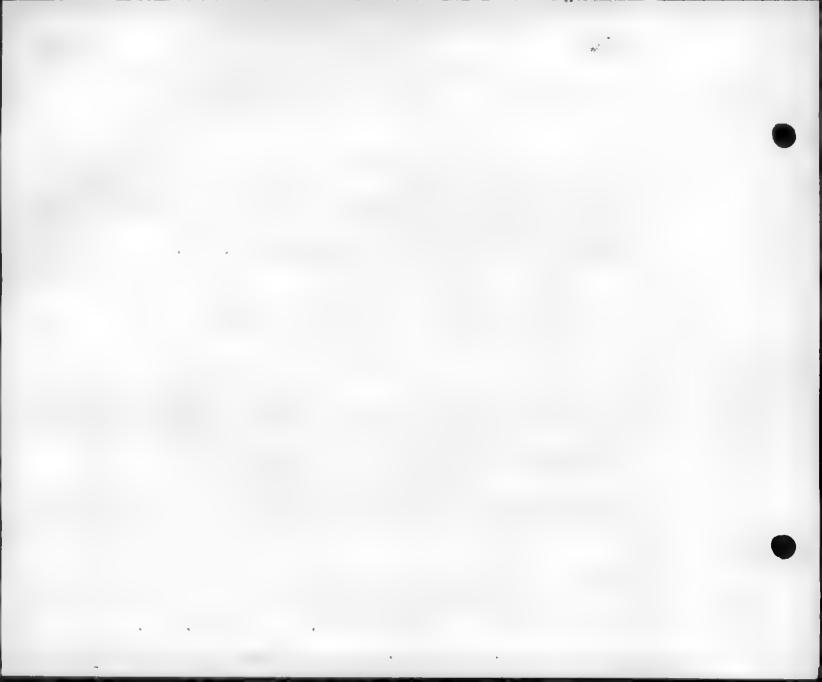
CERTIFICATE OF DEATH

05134

1. PLACE OF DEATH			there deceased lived, if institution Residen	nce before admission) /
o. COUNTY Anne Arundel	MARYLAND	o. STATE	b COUNTY	V
	c. LENGTH OF STAY IN 16		side corporate limits, write RURAL and giv	
Crownsville		Baltimor	е .	.4
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give	e street oddress)	d. STREET ADDRESS		e IS RESIDENCE
Crownsville St. Hosptal		229 Dougla	s Court	ON A FARM? YES NO
3 NAME OF Junt	Middle	-2(19)	4. DATE Month	Day Year
(Type or print) Mc Cord		Moffett	OF DEATH 5	6 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED 3	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years FUNDER	1 YEAR IF UNDER 24 HRS
M N WIDOWED	DIVORCED	4/22/1922	lost birthday) Months 45 yrs.	Doys Hours Min
	OF BUSINESS OR			TIZEN OF WHAT
	ISTRY	1	, (0	UNTRY?
Laborer 13. FATHER S NAME		Greenvil 14. MOTHER'S MAIDEN N	10. Selie	
13. FAITIEK S WAME		14, MURTER'S MAIDEN N	AME	
Joe Mc Cord		Minnie	Mc Cord	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO	CIAL SECURITY NO 17. I	NFORMANT	Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 251	-10-1922	Hospital R	ecords	
18. CAUSE OF DEATH (Enter only one couse per line for (o				INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Brond	hionneumonia			ONSET AND DEATH
DUE TO	THE PROPERTY OF THE PARTY OF TH			
Canditions if any subuly ages				
rise to immediate couse (a), (DUS TO				
storing the underlying couse				
, (1)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRED.	Enter nature of injury in P	ort I or Port II of item 18.)	
	JRY OCCURRED 20e. PLAC	E OF INJURY (Home, farm,	. 20f. (City or town) (Co	unty) (Stote)
Hour o.m. While	- Not While - focts	ory, street, office bldg , etc.)		
2 p.m19 of work		0.57		1 . 10 1 . 1
21. I certify that (I) (this haspital) attende	d the deceased from	/13/56,1		, that (I) (we) last
saw the deceased alive an 5/6/67	, and mai	death accurred at_		
220. SIGNATURE	8,4 M.C	ATTENDING D. PHYS.	MED. STAFF 5/7/0	ATE SIGNED
22c. PHYSICIAN'S		22d ADDRESS		
NAME (Type) L. Benedict M.	D	Crownsvi	lle State Hospital	
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	REMATORY	23d. LOCATION (City or Town)	(County) (Stote)
Burial (Specify) 5/11/67	Mt Auburn (lem.	Balto. Md.	
24 FUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. REGISTRAR'S S	SIGNATURE
Wm C March 928 E. Nort	h Ave.	DATE NA A	V 1 1 1007 Ochon	las Judge
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	40101	ONIT NA	100	- 4 / /

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Street director, page 3 should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event mention. 72 hours offier death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) (1)



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06145 CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before comission) PLACE OF DEATH o. COUNTY b. COUNTY Anne Arundel MARYLAND Anne Arundel C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate inmits, write RURAL and give nearest town)
Glen Burnie Millersville 6 Hours d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? North Arundel Hospital Box 188 YES NO T 3. NAME OF Midd e 4. DATE Firs! Doy Year DECEASED OF (Type or print) Frank Micciche DEATH 19 67 IF UNDER 24 HRS S SEX 6. COLOR OR RACE B DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthday) Months Hours Male White GSWOOIW DIVORCED 12. CITIZEN OF WHAT 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired)
Produce - Transport Self I Emp. Baltimore Maryland

A MOTHER'S MAIDEN NAME 13. FATHER'S NAME Salvetore Micciche Rosalie Fertitta 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) Micciche-Same as 218-14-9598 Alize C. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE to DUE TO Conditions, if any, which gove rise to Immediate couse (o). DUF TO stoting the underlying couse last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICAT 20o. ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED

20c. TIME OF INJURY Month, Day, Year Hour om.

Not While of work of work

20e. PLACE OF INJURY (Home, form,

(City or town)

(County) (Stote)

saw the deceased olive an

I certify that (1) (this haspital) attended the deceased from

- 1967, and that death occurred at 168 M, from causes and on the date stated above. 22b. DATE SIGNED

22o. SIGNATURI 22c. PHYSICIAN'S NAME (Type)

M.D

foctory, street, office bldg., etc.)

•	_	

-72 - 6

23o. BURIAL, CREMATION. REMOYAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION (City or Town) Haltimore.

(Stote)

Auria 24. FUNERAL DIRECTOR 25 May 1967 New Cathedral Cemetery

REC'D BY REGISTRAR 1967 Mary Land

VR A15 (4) 20 M 1/66

0

24 havrs after death.

the death certificate be executed

law requires that

by the hospital ar attending

O HOSPITAL OR ATTEND Page 4 may be retained

has

certificate

DIRECTOR:

death

within 72 Filled

000

remove corb

physician (ecse pup

attending p permit. The

signed by the burial-transit

as the

Health

detached for the Dept. of P

page 3 e filed

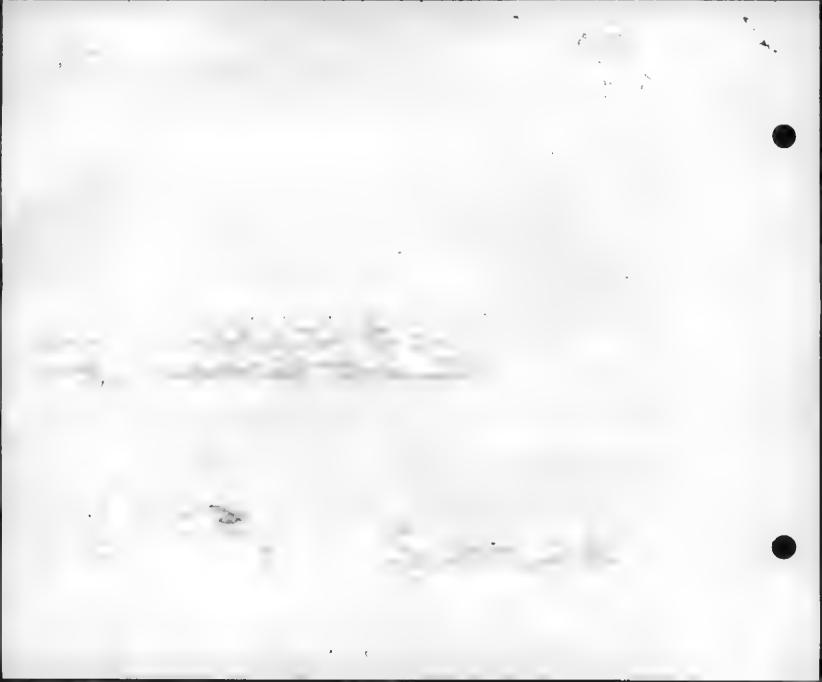
director, p

State Dept.

remayal.

O.

crematian,



VR A15 (4) 25M 1/67

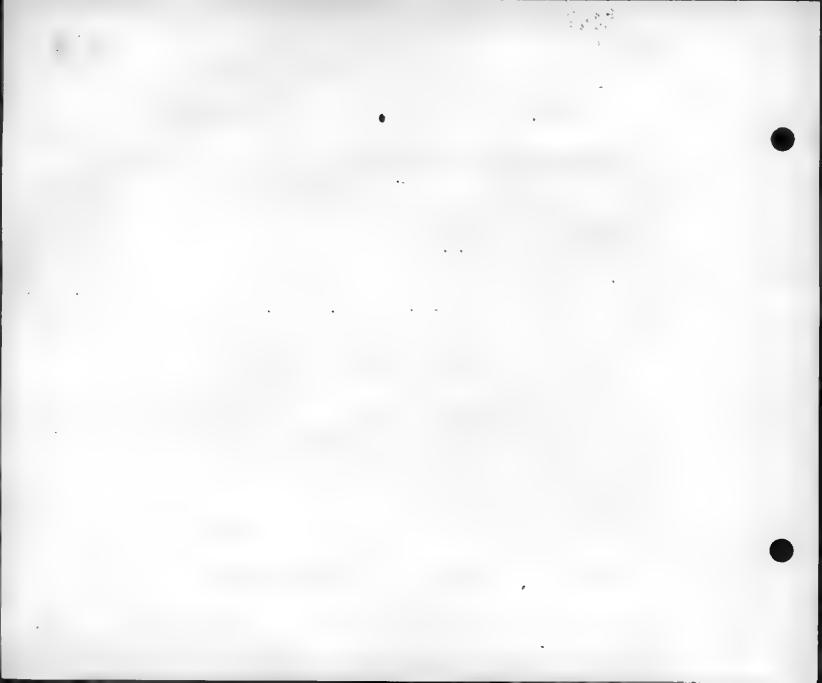
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06146

CERTIFICATE OF DEATH

06:36

## FORT GEORGE G. 1 d NAME OF HOSPITAL OR INSTITUTION (If not in naspital, give street address) KIMBROUGH ARMY HOSPITAL 3. NAME OF DECEASED (Type or print) PAUL H. Middle Lost OF DECEASED (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AG	NUE e is res dence on a farm? YES \(\square\) NO \(\square\)
## FORT GEORGE G. 1 d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) KIMBROUGH ARMY HOSPITAL 3. NAME OF DECEASED (Type or print) PAUL H. Middle Lost OF DECEASED (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AG	MEADE e IS RES DENCE ON A FARM? YES NO X
d NAME OF HOSPITAL OR INSTITUTION (If not in maspital, give street address) KIMBROUGH ARMY HOSPITAL 3. NAME OF DECEASED PAUL H. MILLER OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AG	NUE e is res dence on a farm? YES \(\square\) NO \(\square\)
KIMBROUGH ARMY HOSPITAL 3. NAME OF PAUL H. Lust 4 DATE OF DEATH (Type of print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AG	NUE YES NO 🛣
DECEASED (1/ype of print) PAUL H. MILLER OF DEATH S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AG 9 AG	Manth Day Van
The state of the s	May 24 1967
	E (In years IF JNDER YEAR IF UNDER 24 HRS
	thurthday) Months Days Hours Min
100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Serviceman 13. FATHER'S NAME 10b KIND OF BUSINESS OR INDUSTRY U.S.Army Lawler, Towa	country) 12 CIT ZEN OF WHAT COUNTRY?
M.V.Miller Mary McGinn	
15 WAS DECEASED EVER IN 5 ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 480-18-7169 Mrs.Grace E.Miller, 43:	Addres#t GeoG.Meade,Md 16 Varney Ave,
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (t).) PARY 1. DEATH WAS CAUSED BY. Acute Myocardial infarction	interval between onest, and peath of his
stoting the underlying cause DUE 10 (c)	Lio Was a Torve
PART IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19 WAS AUTOPSY PERFORMED? YES NO
20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of Or Contributing Cause of Death (IF FITHER, NOTIFY MEDICAL EXAMINER) 20c. Time of Injury Manih, Day, Year 20d Mijury occurred (Injury in Part 1 or Port II of Or Contributing Cause of Death (IF FITHER, NOTIFY MEDICAL EXAMINER) 20c. Time of Injury Manih, Day, Year 4 actory, street, office bidg, etc.)	f item 18)
2Dx TIME OF INJURY Manth, Day, Year 20d MIJURY OCCURRED 2De PLACE OF INJURY (Home, farm, 20f (City Hour a.m. p.m. 19 at wark a	ry ar town) (Caunty) (State)
21. I certify that (t) (this haspital) attended the deceased from 23 May , 19 67 , to saw the deceased alive an 24 May 19 67, and that death accurred at 2:35 M, from	om causes and an the date stated above.
220 SIGNATURE CORL SROVEN MD ATTENDING MED DIRECTOR	STAFF 22 DATE SIGNED 24 May 67
/	OSP,FT GEO G MEADE,MD
23d BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION REMOVAL (Specify)	ON (City or Town) (County) (State)
Buriai x 526-67 Arlington National Arlingto	67 286 MORRAYS VANATURE VS
24 FUNERAL DIRECTOR SEGISTRAPS Plannel School Stands DATE DATE DATE DATE DATE DATE DATE DATE	67 " Jelleros Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1			OF THALF	*		OF DEATH	ML, MMKTLAI	ND 21201		. 170
L	0.614	37		CERTIFI	LAIL	OF DEATH			3518	
1	PLACE OF DEATH o. COUNTY					2 USUAL RESIDENCE (V	Where deceosed in	ved, if institution		ore odmission)
L	o. coditi	Anne Ar	rundel	MARYL	AND	Mary.	land	D. COUNT		rundel
	b CITY OR TOWN (I	f outside corporate limit give nearest town)	s,	c LENGTH OF STAY IN	1b	c CITY OR TOWN (If ou	tside corporate lin	nits, write RURA	it and give neare	st_town)
L	Anna	polis		3 hrs.		Seve	rn		<i>.</i>	1 :
Г	d NAME OF HOSPITA	L OR INSTITUTION (If no	at in hospital,	give street oddress)		d STREET ADDRESS				e IS RESIDENCE On a farm?
		del Genera	l Hospi	tal		Rt-1	Box-21	.8	1	YES NO
3	NAME OF DECEASED		rst	Middle		Lost	4. DATE OF	Month	Do	y Year
_	DECEASED (Type or print)	Georg		LONG		MFORD	DEATH	May	13	19 67
5	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	\Box	DATE OF BIRTH		E (In years t birthdoy)	Months Dovs	Hours Min
L	Male	White	WIDOWED			Nov. 3, 188	7 7	9 yrs		
	 USUAL OCCUPATION iring most of working I 	(Give kind of work done its, even if retired)		IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (County	& State, or foreign	country)	12 CITIZEN O COUNTRY	
L	Carp	enter		Retired			boro, De	laware	US	
13	B. FATHER'S NAME					14. MOTHER'S MAIDEN I				
L		John L. M					Unk.			
15	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	16.	SOCIAL SECURITY NO.	17 1	VFORMANT		Addres	5	
L	No	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[21	7-01-0417		Lloyd K. M	umford.	same as	2	
Г	18. CAUSE OF DE	ATH (Enter only one cou H WAS CAUSED BY	se per line for	(o), (b), ond (c).)	-12	1. 5				ITERVAL BETWEEN NSET AND DEATH
	TAKE & DEAL	IMMEDIATE CAUSE	(0)	X-ONHKY	1/1/	0M50315			3,	40085
	Conditions if no.	DUE	10 1/1/2	2-1-10		near ila	1-1/08	5 4		16 00
	Conditions, if any, rise to immediate	couse (n)	(b) X Y P	EF 1811 51 C	-	IRLA OVITO	CONTI	DIS	110 10	45 PIR.
	stating the under	lying couse DUE	/							
		J	(c)	TO DELTH OUT HOT DOLL	rn rn r	LIE PERALUIA D PRACE COL	10.171.01 01.451.41	01-7.1/3	Tio	WAS AUTODO
S	PAKI II UTHEK SIC	ENTITIONS CONDITIONS C	ONTRIBUTING	TO DEATH BUT NOT KELA	ו עו פונו	HE TERMINAL D SEASE COM	EDITION GIVEN IN	PARI I(0)		WAS AUTOPSY PERFORMED?
CERTIFICATION	20. ACCIDENT WAS	IMADERI WALC TO	Tool D	TOTAL HOW MINIST OCC	UBBED /	5-4	D	5 % 10 h		YES NO X
ERTIE	20o ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH	20b. DI	EZEKIRE HOM INJURA OCC	UKKED (Enter noture of injury in	Port I of Port II o	T #em 18.)		
3	(iii chiller, ivoini i i		1 201 1	NJURY OCCURRED 1	00 01 10	r or many for f	201 104		(County)	15
MED	Hour o.m		While			E OF INJURY (Home, form bry, street, office bldg., etc.)		y or town)	(county)	(State)
12	pm 17 of work 🗆 of work 🔲									
			potot after			death accurred at	40/ ta_	5//.5	_, 142,7,1	hat (I) (XXI) la:
	220 SIGNATURE	ceased alive an_	5//	1767, 01	iu indi		:15 PM	am cooses o	22b DATE SIGN	te stated abave
	20 300	12.0011	1/	RO-B	/MD	ATTENDING	MED. DIRECTOR	STAFF PHYS.	5/15/	
1	22c. PHYSICIANS	VILLER VA	2017		191 U	22d. ADDRESS	DIRECTOR L	rn13	77-71	
	NAME (Type)	Edward S	. Beck	. M.D.		73 Frank	lin St.	. Annan	oliw. Mo	d.
23	BUR AL, CREMAT O			23c NAME OF CEMET	ERY OR (ON (City or Tow		
	REMOVAL (Specify) Burial	,	1967	Glen Hay					353	, , , , , , , , , , , , , , , , , , , ,
2	4. FUNERAL DIRECTO			ADDRESS			BY REGISTRAR	n Burni 256 REG	ISTRAR S SIGNATU	JRE
	Kirklev	Funeral Ho	ome. Gl	en Burnie.	Ma	DATE MA	V 1 7 40	er m	liantes	Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tone of director, page 3 shauld be detached far use as the burial-transit permit. Then please regions carban papers. Pages 1-5nd 2 shauld be filed with the State Dept of Health prior taburial, crematian, ar removal, and in dry brent, within 72 hours after death.

TO MUSRITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by mixtured within 24 hillurs

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILO. CERTIFICATION

20a EXTERNA, CAUSE WAS PRIMARY LA OF CONTRIBUTING

Haur o.m.

2Dc TIME OF INJURY Month, Day, Year

CAUSE OF DEATH

20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II at item 18.)

Passenger in plane that crashed, exploded and burned 20e PLACE OF NJURY (Hame farm, 20d NJURY OCCURRED While Not While

X

(City or tawn) (Caunty) foctory, street, affice bldg , etc.) Friendship A.A. Airport

Inspection .

death resulted from-Natural causes Suicide 1 Accident KV SIGNATURE

67

EVERLY-WHEATLEY FUNERAL HOME, ALEXANDRIA VA

19 67

While Not While at work

21 I certify that I took charge of the remons described above, held an Autapsy [X],

Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER | X

Address (Street, city, town, or county)

Homic de

22. DATE SIGNED 5-2-67

WAS AUTOPS)

PERFORMED?

NO

(State)

 Md_{-}

YES X

Inquiry and in my apinion

EXAMINER'S WERNER U. SPITZ, M.D. NAME (Type) 23th BURIA, CREMATION. 23b DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

SuITLAND,

23d LOCATION (City or Town)

(County) md.

CREMATION 24. FUNERAL DIRECTOR

CECAK

25a, REC'D BY REGISTRAR

DEPUTY MEDICAL EXAMINER

5 may 8 the VR A 15ME (5)

may be retained for your FUNERAL DIRECTOR: Hage

be

funeral director.

removal,

crematian,

priar

shauld Ю

9

and ;

Give Pages

percil

writing the ward

the certificate,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

EL TOIL			06143			CERTII	FICATE OF	DEATH		38	139
第一個 章			LACE OF DEATH				2 U	SUAL RESIDENCE	Where deceased lived, if	institution. Residence	before admission)
2-5		(. COUNTY Anne A	rundel	Count	Dy MAR	RYLAND 0.	. state Marv	land	b. COUNTY Anne	e Arundel
y the Pages urs afte		k	CITY OR TOWN (If outsid write BURAL and give n	e corporate limits	,	c. LENGTH OF STAY	IN 1b c. CI	TY OR TOWN (IF.o	utside corporate limits, w	RP LELES	XX = X = X Y Y X X Y X X X X X X X X X X
rin 24 hours o filled in by the papers. Page thin 72 hours a	٩	(. NAME OF HOSPITAL OR I	NSTITUTION (II no	t in haspital, gi	ve street address)	- 1	Turkey	2 /	Lyranu	ON A FARM? YES NO
letely fill			IAME OF ECEASED Type or print) Jul	1 a		Middle Or E S		Lost	4 DATE OF	Month	Doy Year
completely ove carbon y event, wi	/			OR OR RACE		NEVER MARRIE		OTMON E OF BIRTH	9 AGE (In y	eors IF UNDER 1	YEAR TIF UNDER 24 HR
ind com				1te	WIDOWED	DIVORCE	- J	-13-17	lost birth	YYS	Doys Hours Min
icate be ex sicion and pleose rem l, ond in on		duri	USUAL OCCUPATION (Give king most of working life, every OUSEWIFE		1ND	OUSTRY	C.	BIRTHPLACE (Couply evelone) Ohi	& State, or foreign country	(Y) 12 (ITI) COU	ZEN OF WHAT NTRY?
physicion physicion en pleose oval, ond i			FATHER'S NAME	Decu	DLUS	- Committee of the Comm	14.	MOTHER'S MAIDEN		- And the	
eoth ce			WAS DECEASED EVER IN U.S., no, or unknown) (if yes g	ARMED FORCES?	16. S	OCIAL SECURITY NO. 5 - 01-364	17. INFORM	Norman	, Turkey Pt,	Address Edgeware	r. Md.
thot the dion. by the ott tronsit per cremotion,			THE CAUSE OF DEATH (EG PART I DEATH WAS	nter only one cou CAUSED BY MMEDIATE CAUSE	M 1 .		rdici	2 Gai	Que		INTERVAL BETWEEN ONSET AND DEATH
quires the shysicion igned bound-tro			Conditions, if any, which rise to immediate couse	(0)	(b) Ma	ssur	e ple	ural	2 Effus	in	10 week
low reconding plants been so the bior to be in the bior to be in the bior to be in the being the			stating the underlying clast.	ouse } DUE	(c) Cerr	curonna	2,000	y, me	tastolié		7 0009
f: The or offer has use a alth pr	~	CATION	PART II OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO	D DEATH BUT NOT RE	CATED TO THE TER	RMIÑAL DISEASE CO	NDITION GIVEN IN PART	1(a)	19 WAS AUTOPSY PERFORMED? YES NO
Spital costillation of the		L CERTIFICATION	200 ACCIDENT WAS UNDER OR CONTRIBUTING ☐ CAUS	E OF DEATH	20b. DES	CRIBE HOW INJURY (OCCURRED, (Enter	noture of injury in	Part I or Part II of item	1B)	
IG PHY the horr this of detact		MEDICAL	20c. TIME OF INJURY Mo Hour o.m. p.m.	nth, Day, Year 19	20d IN While of work	Not While of work		NJURY (Home, for eet, office bldg., etc		own) (Cour	nty) (Store)
TENDIN ined by OR: Afte ould be the Sta		ĺ	21. I certify that saw the decease		antel) attend 5//	ed the deceased	from	2/30 , th occurred at	1966 to 5 1	19 6 , 19 6 , uses and on the	
DIRECTO			270. SIGNATURE	- G,	120	in V	M.D. PI	TENDING P	MED. STAF	22b. DAT	SIGNED 69
	/		22c PHYSICIAN S NAME (Type) RO	bert A	Rile	y, Jr	M. D.	95 Cat	nedral St	Annar	011sMd
Page 4 may O FUNERAL I director, pog		230 B	BUR AL, (REMAT ON, REMOVAL (Specify)	May 6	REOF 5, 1967	23¢ NAME OF CEA		Cemetery		y or Town) PA	County) (Stote)
VR A15 (4) 25M 1/67		7	FUNERAL DIRECTOR	Ann	apolo	, MODRASS		250 REC		256 REGISTRAR'S SIG	
	ı	-								- A - Carrel	To you place

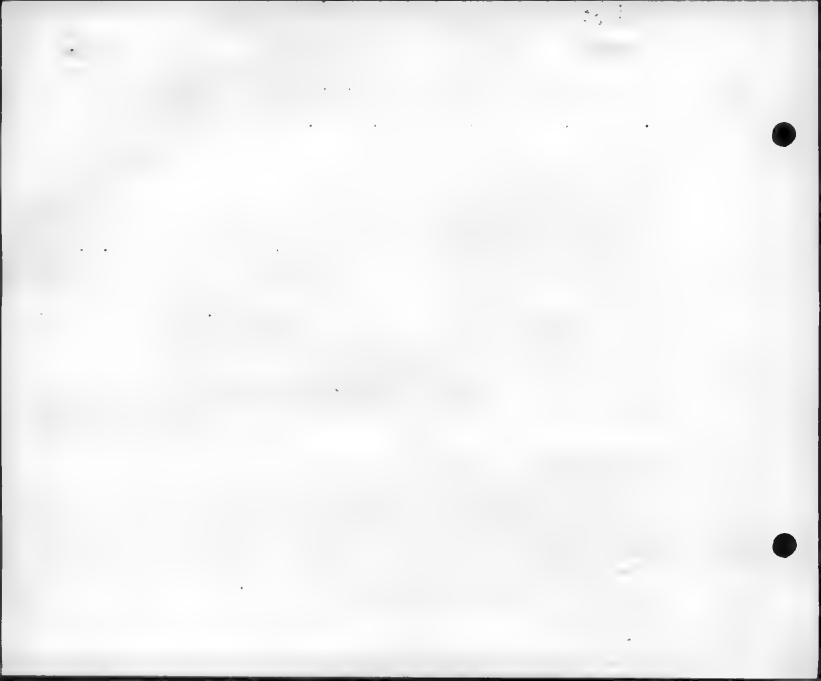


MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	06150	CERTIFICATE	OF DEATH		£140
1.	PLACE OF DEATH O COUNTY		2. USUAL RESIDENCE (W o. STATE	here deceased lived, if institution b. COUNTY	Residence before odmission)
	Anne Amindle	MARYLAND AT		Anne Am	ndle
	b CITY OR TOWN (f outside corporate limits write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		side corporate limits, write RURAL	
F	t. Meade Rd. Laurel.	Md. 40 Yrs.	Ft. Meade	Rd., Laurel, Md	1
٠.	d. NAME OF HOSPITAL OR INSTITUTION (If not	m hospital, give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
					YES NO
3.	NAME OF Firs	st Middle	Lost	4 DATE Month	Doy Year
1	DECEASED (Type or print) MELLI	E	DELL	OF DEATH	19 1961
5	SEX 6. COLOR OR RACE	7 MARRIED NEVER MARRIED	B DATE OF BIRTH		UNDER YEAR IF UNDER 24 F
	Female White		an. 29, 1883	84 yrs.	
10t	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	1) BIRTHPLACE (County &	State, or foreign country)	12 CIT ZEN OF WHAT COUNTRY?
L	Housewife	Own Home	Floyd Count	y, Va.	U.S.
13	FATHER'S NAME		14 MOTHER'S MAIDEN N	AME	
L	Calloway Duncan		Emeline Bo	oyd	
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of		NFORMANT	Address	
Ĺ	no	Mrs	. Iris Wines	Rt. 2 Box 306	Laurel, Md.
	1B. CAUSE OF DEATH (Enter only one cous PART I. DEATH WAS CAUSED BY	e per line for (4), (b), and (c).)	11/		INTERVAL BETWEE
	IMMEDIATE CAUSE (y mi	mores	1000
	Conditions, if only, which gove)	4. 11 85	9	0	12 de
	rise to immediate cause (a).	b) lent wa	areout.	Lur our	10-14
	stoting the nudetiling conse	10 Marchit	es MIE	lletin	1042
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE COND	OITION GIVEN IN PART 1(0)	19 WAR AUTOPSY PERFORMED? YES NO
ERTIFIC	20o ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	ort I or Port II of item 18)	
N N	(IF EITHER, NOTIFY MEDICAL EXAMINER)	20d INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or fown)	(County) (State
MEDICAL	20s. TIME OF INJURY Month, Day, Year Hour a.m.	While Mot While foct	ory, street, office bldg., etc.)	201. (City of rown)	(2011)
	EIII, a.s.	ital) of the noted the deceased from	1/27 19	147 to 5-11a	, 1967, that (I) (we)
	saw the desensed alive an	1 19 19 7 and tha	death accurred at_	TOLM, frank causes an	
	220. SIGNATURE	7/1	ATTONIONIO	MED. STAFF	22b. DATE SIGNED
	X WWW	arren MI	D. PHYS.	DIRECTOR PHYS.	
	NAME (Type) John M War		22d. ADDRESS	1	
	NAME (Type) John M War		Laurel, Mo		
23	BURIAL, CREMATION, 235 DATE THE			23d LOCATION (City or Town)	
1	Burrate May 23,			Snowville, Va	
1	FUNERAL PIRECTOR	ADDRESS			TRAR'S SIGNATURE
1	BINITH MONITHAND	adill Justill N	MARY 2	1 1967 100/20	1/2 0

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital or attending physician. VR A15 (4) 20 M 1/66



FOR-STATE FAMIL DEPT.

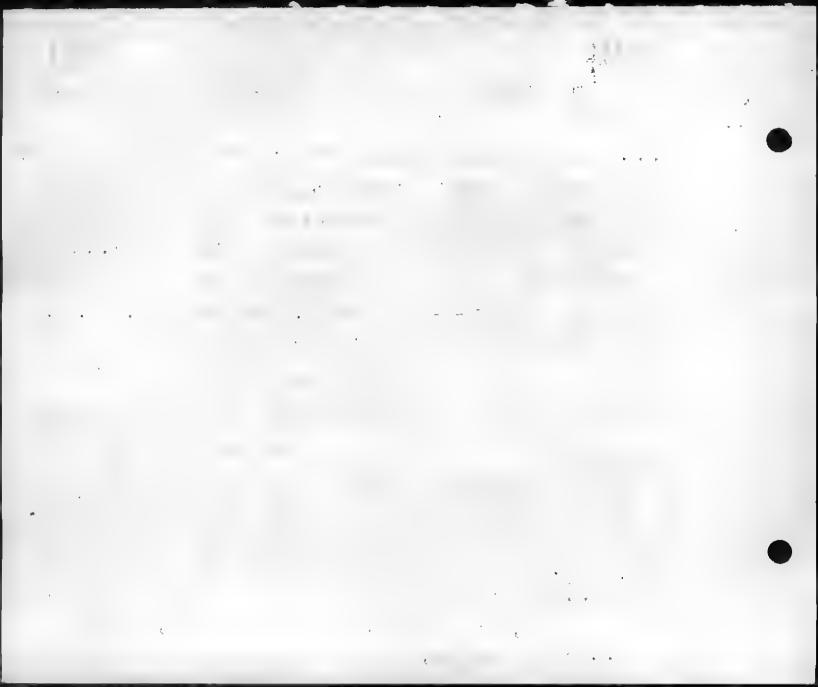
tuneral may b TO DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1-2, and 3 to redirector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within-72 hours after death. -7 VR ALSME (5)

1/65

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1. PLACE OF DEATH 2. COUNTY ARNO Areadol MARYLAND D. CITY OR TOWN (If outside corporate limits, with a Number of County Arno Areadol With a Wild and give nearest town Arno Areadol With a Wild and give nearest town Arno Areadol Wild Wild and give nearest town Arno Areadol If to MARYLAND D. O. A. Arno Areadol J. C. CITY OR TOWN (If outside corporate limits, with a Wild and give nearest town Arno Areadol Arno Areadol C. CITY OR TOWN (If outside corporate limits, with a Wild and give nearest town Arno Areadol Arno Areado	_	001:) 1	MEDI	CAL E.	XAMINER	2'5 (CERTIFICAT	E OF D	EATH_		15 3	<u> </u>
D. O. INTY OR TOWN (I) outside corporate limits, write RURAL and give nearest town ATRA TORIS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give streat address) J. ARRATORIS J. ARRATORI	1.		TH	-			1		CE (Where deci			sidence before	admission
D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town ATRA TO LIB d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) D. O.A. ANNO ATRA TOLIS TYPE TOLIS D. O.A. ANNO ATRA TOLIS D. O.A. ANNO ATRA TOLIS D. O.A. ANNO ATRA TOLIS First Middle S. SEX D. O.A. ANNO ATRA TOLIS ORBGON PARKER S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED NEVER MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S. SEX G. COLOR OR RACE [7. MARRIED 1967 S		a. 000H11	Anno	Arendel		MARYL	AND	a. STATE Mar	yland	5. CO	Anne	Arund	al
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) D.O.A. A REAL ATMICEL GENERAL D. 1908 West Street 1. (a.) SARSIDERIC ON A FARRIE CON A FARRIE		b. CITY OR TOV	WN (If outside	corporate limit	s, c. L			c. CITY OR TOWN (If	outside corp	orate limits,	write RURAL :	and give near	est town
D.O.A. ARME ATMINED GENERAL BUSINESS OR DEATH MAKE TO COURTED IN MIDDING TO BUSINESS OR DEATH MAY 8 13. MANE OF BEEEASTD (Type or print) JAMES ORBIGON PARKER ST. ORBIGON PARKER ST. DATE MONTH DAY 8 DEATH MAY 9 DEATH MAY		Anna	melis	rarest (OWII)	I	ife		Annan	lis			,	
3. RAME OF DECASE OF PARTIES 1908 West Street VES Day Year DECASE 1907	_	d. NAME OF HO	SPITAL OR IN	VSTITUTION (If no	ot In hospita	i, giva street ad	dress)	d. STREET ADDRESS				e. IS RE	SIDENCI
1967 1967		D.O.A. A	ane Am	undel Ger	meral	Hespital	.	1908 West	Street				
Type or print) JAMES	3.			First		Middle		Last		Mo	nth	Day Y	ear
Male Neere WIDOWED DIVORED Sept. 5-1908 58 yrs. Hours Min. 10. USUAL COCUPATION (Give kind of work done 10b. Kind of Business or 11b. BirthPlace (State of foreign country) 12c. Cilifzen of What Country Cock Annapolis, Maryland 12c. Country 12c. Cilifzen of What Country			JAME	S	OREGO!	N PARK	ER	Sr.		May	8	19	67
Male Nere WIDOWED DIVORCED Sept. 5-1908 58 yrs. 103. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cock 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY? WHAT COUNTRY? WAS ALLED BY APPR COLOR TOWN TO COUNTRY? 13. FATHER STAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (F. 8, por minor) (Fres life was or dataset service) 16. SDCIAL SECURITY ND. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH Enter only one cause per line for ps), (b), and (c). 1 PART I. DEATH WAS CAUSE DB: (c) 18. CAUSE OF DEATH LAND STAME DUE TO DUE	5.	SEX	6. COLOR (OR RACE 7. MAI	RRIED [NEVER MARRIED	□ 8	B. DATE OF BIRTH	9.	AGE (In year			
103. USUAL OCCUPATION Clys kind of work one unit retired with graph of working life, even if retired with graph of graph of working life, which graph of working life, which graph of working life, which graph of	1	(ale	Negre	WIO	DWED [DIVORCEO	X S	emt. 5-1908	58	1	, I HEDEL III.S 1	Jays Hour	2 161131"
Tather's name Gariel Parker 13. KARDECRASED EVER IN U.S. ARMED PORCES? (Yes, no, or unknown) (Hyes she war or dates of service) 14. MOTHER'S MAIDEN NAME Martha Apm Cole 15. WAS DECRASED EVER IN U.S. ARMED PORCES? (Yes, no, or unknown) (Hyes she war or dates of service) 16. CAUSE OF DEATH LEnter only one cause per fine for (a), (b), and (c).1 PART I. DEATH WAS CAUSE DRY. DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II of Item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME DEFINIURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, lastony, street, office bidgs, etc.) 21. I certify that I tok charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted form: Natural Education Natural Educ	108 dur	ING MOST OF WORL	TION (Giva kin	d of work done	10b. KIND O	F BUSINESS OR		11. BIRTHPLACE (S	tate or foreig	gn country)			47
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT				11 1011100)	****	*************************************	*	Annanelis,	Maryl	and			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes a) the war or dates of service) 16. CAUSE OF DEATH LEnter only one cause per line for (s), (b), and (c).] 16. CAUSE OF DEATH LEnter only one cause per line for (s), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (s) DUE TO CONDITIONS (In any, which gave rise to immediate cause (a), stating the ga	13.	FATHER'S NAM	ME					14. MOTHER'S MAIL	DEN NAME				
Cause of Death Lenter only one cause per line for (a), (b), and (c),		Gabr	iel Pa	rker				Martha A	AR Col	Le			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c) PARTITIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, factory, street, office bidg., etc.) P. D. I. I certify that I took charge of the Jemains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Natural Suspes Accident Suicide Homloide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIANED ACTUAL SIGNATURE EXAMINER DEPUTY MEDICAL EXAMINER 22. DATE SIANED Address (Street, city, town, or county)	15 (Ye	. WAS DECEASED	EVER IN U.S.	ARMED FORCES?	16. SDC1.	AL SECURITY ND.	17.	INFORMANT		Add	r@\$\$		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 208. EXTERNAL CAUSE WAS PERFORMED? YES NO CAUSE OF DEATH. 207. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, factory, street, office bidg., etc.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO CAUSE OF DEATH. 208. EXTERNAL CAUSE WAS PERFORMED? YES NO CAUSE OF DEATH. 209. PLACE OF INJURY (Homa, farm, factory, street, office bidg., etc.) 201. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Natural Eauses Accident Suicide Home, Homicide Inquiry and in my opinion death resulted from Natural Eauses Accident Suicide Home, Accident Address (Street, city, town, or county) Address (Street, city, town, or county)			(,			5-0804	Ca	lser A. Par	ker-190	08 West	St. Ar	ma. Me	l
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING COURRED 20s. PLACE OF INJURY (Home, farm, p.m. 19 state) 20c. Time of Injury Month, Day, Year 20d. Injury Occurred 20s. PLACE OF INJURY (Home, farm, p.m. 19 state) 21. I certify that took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Natural sauses Accident Signature ACTUAL M.D. ASSISTANT MEDICAL EXAMINER Address (Street, city, town, or county) Address (Street, city, town, or county)					per line fo	(a), (b), and (c).	.]	2 22		()		INTERVAL B	DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTDPSY PERFORMED? YES NO NO NO NO NO NO NO N		PART I, D	EATH WAS CA	AUSED BY:	Perl	C4 with	CL	erest!	pane	XXX		5/	DOM
gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING FROM INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (State) factory, atreet, office bldg., etc.) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm. 20f. (City or town) (County) (State) factory, atreet, office bldg., etc.) 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from Natural causes. Accident Industry Medical Examiner Deputy Medical Examiner Deputy Medical Examiner Deputy Medical Examiner Address (Street, city, town, or county)		700						X		1		1600	7
Cause (a), stating the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) PRESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY OCCURRED INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) Hour a.m. p.m. 19 at work) (b)				()		/	12	CELL	
Underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO YES NO CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20s. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Itam 18.) CAUSE OF DEATH.				DUE TO							-		7
PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, both while at work at		underlying cau	se last.										1
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry and in my opinion death resulted from Natural causes, Accident, Suicide, Homlcide, Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNATURE Address (Street, city, town, or county)	NOI	PART II. OTHER	SIGNIFICANT	CONDITIONS	YTRIBUTING	TO DEATH BUT NO	OT RELA	TED TO THE TERMINAL I	DISEASE COND	DITION GIVEN	IN PART I(a)		
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry and in my opinion death resulted from Natural causes, Accident, Suicide, Homlcide, Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNATURE Address (Street, city, town, or county)	CAT												NO _
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry and in my opinion death resulted from Natural causes, Accident, Suicide, Homlcide, Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNATURE Address (Street, city, town, or county)	TIF	20a. EXTERNA	AL CAUSE WA	S I	20b. DESC	TIBE HOW INJUR	Y OCCU	RRED. (Enter nature o	f injury in Pa	rt I or Part I	of Itam 18.)		
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry and in my opinion death resulted from Natural causes, Accident, Suicide, Homlcide, Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNATURE Address (Street, city, town, or county)	CE	CAUSE OF DEA	TH.										
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry and in my opinion death resulted from Natural causes, Accident, Suicide, Homlcide, Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNATURE Address (Street, city, town, or county)	CAL			1			o. PLA	CE OF INJURY (Homa, fary, street, office bldg., e		City or town)	(Cour	ity)	(State)
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry and in my opinion death resulted from Natural causes, Accident, Suicide, Homlcide, Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22. DATE SIGNATURE Address (Street, city, town, or county)	WED			.19	While 1	at work	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
ACTUAL SIGNATURE EXAMINER EXAMINER DEPUTY MEDICAL EXAMINER EXAMINER Address (Street, city, town, or county) Address (Street, city, town, or county)		21. I certif	fy that I to	k charge of th	e remains	described above	ve, hel-	d an Autopsy 🔲 ,	Inspection	ı 🗐 la	quiry	and in my	y opinio
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EXAMINER Address (Street, city, town, or county) Address (Street, city, town, or county)		death resul	ted form	Natural eause	8	Accident,	Sui	cide 🔲, Homici	de 🔲,	Undetermin	ed manner		
EXAMINER Address (Street, city, town, or county)					1/			CHIEF MEDICA	L EXAMINER				
EXAMINER (Type) E.G. LINHARDT Address (Street, city, town, or county)			X	111 /6	ull,			M.D. ASSISTANT ME	DICAL EXAMI	NER		22. DATI	SIGNED
NAME (Type) Soir LINHARDT Address (Street, city, town, or county)		EXAMINERS	1	7000	, ,	2		DEPUTY MEDIC	AL EXAMINE	X	.5	-101	1/-
To the state of th	-	NAME (Type)									<u> </u>	101	10
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	238	REMOVAL (SI	pecify)			NAME OF CE	VETERY	OR CREMATORY					Stata)
Bariel May 11, 1967 Brewer Hill Annapolis, Maryland 24 FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE	-	Buriel	Ma	y 11, 196	7 3		11	I OEs DE	CID BY DECIS	170 113 ₀	Maryl	LICHATILLE	
C.E. Hicks 111 Annuncity Maryland	24			s 333 Av	mm mali	.,	3000					- JIGHATURL	



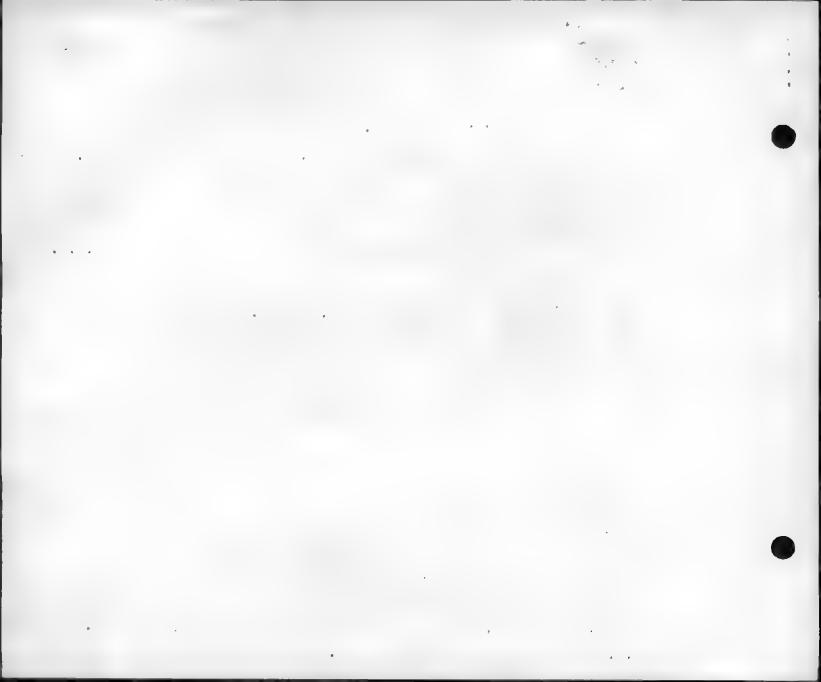
MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0019S	CEKTIFICATE	OF DEATH	*)1				
1 P	LACE OF DEATH			era deceosed lived, if institution. Residen	ce before admission)			
0	. CONTY Anne Arundel	MARYLAND	o. STATE Mary Land	b. COUNTY Anne Arund	1.,7			
b	CITY OR TOWN (if outside corporate limits.	c LENGTH OF STAY IN 16		de corporate limits, write RURA, and give				
	Glen Burnie A.A.		Pasadena	, ,				
	NAME OF HOSPITAL OR INSTITUTION (If not in hospit		d. STREET ADDRESS		e IS RESIDENCE			
:				3 1 0 3 3 4	ON A FARM?			
2.8	Norhh Arundel Hospital			14 Old Anna olis				
D	ECEASED	Middle		4 DATE Month OF	Doy Year			
	ype or print) Inis		Phillips	DEATH May 15 9 AGE (In years IFUNDER	19 67 1 YEAR 1F UNDER 24 HRS			
5 5	7, 11930		DATE OF BIRTH	lost birthday) Manths	Doys Hours Min.			
	L M	ED X DIVORCED	1-8-94	73 yrs				
	USUAL OCCUPATION (Give kind of work done 10b or most of working life, even if retired)	S. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & S		TIZEN OF WHAT UNTRY?			
00111	Retired	Own home	West Vi		U.S.A.			
13.	FATHER'S NAME		14 MOTHER'S MAIDEN NA	WE STATE				
	Washington Sha	VET	Mary	Stemple				
IS.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17. IN	IFORMANT	Address				
(1 RZ	, no, ar unknown) (If yes give was as dates of service)	236/20/5491 Mr	s. Mary K.	Simpson Same as	#2			
П	18. CAUSE OF DEATH (Enter only one cause per line	for (a), (b), and (c).)			INTERVAL BETWEEN			
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)				ONSET AND DEATH			
	4201 DUE 10 1			0				
	Conditions, if any, which gave) (b)	-dute m	10 cand	الما ما				
	rise to immediate cause (a). Stating the underlying cause DUE TO		10 cand	410.				
	last. (c)		Infan o	4.05				
1_1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDI	TION GIVEN IN PART 1(a)	19 WAS AUTOPSY			
CERTIFICATION					PERFORMED? YES NO			
물	200 ACCIDENT WAS UNDERLYING ☐ 20b	DESCRIBE HOW INJURY OCCURRED. (E	Enter noture of injury in Par	rt I ar Part II of item 18)				
	OR CONTRIBUTING CAUSE OF DEATH (IF EUMER; NOTIFY MEDICAL EXAMINER)			, , , , , , , , , , , , , , , , , , , ,	/			
링		d INJURY OCCURRED 20e PLACE	E OF INJURY (Hame, farm,	20f. (City or town) (Cor	unty) (State)			
MEDICAL	Hour a.m.	thile Not While factor	ry, street, affice bldg , etc)	(5.1)	(00.0)			
	/ 21. I certify that (I) (this hasgital) att	wark L at wark L	Way 17 191	() 7 to pay 1 191	that (I) (we) last			
	, saw the deceased alive on August			SO M from couses and on the	he date stated above			
	saw the deceased alive on 19 17 19 17, and that death accurred at 12 M, from causes and on the date stated above.							
		wire M.D.		ED. STAFF STAFF STAFF				
	224 PHYSICIAN'S	04.6	22d ADDRESS 347	ANNA POLIS AD I	5 eta 27 hal			
	MAME (Type)	MY NUEZ MD			D Bulto-11hd			
230	BURIAL, CREMATION, 236 DATE THEREOF	23c. NAME OF CEMETERY OR CE	REMATORY	23d LOCATION (City or Town)	(County) (State)			
	REMOVAL (Specify) Rurial May 20.19	Chilah Com	eten	Kasson RFO	W. Viroinia			
24	FUNERAL DIRECTOR	ADDRESS ADDRESS	2Se REC'D B	LY REGISTRAR 256 REGISTRAR'S S	IGNATURE			
	R.V. SINGLETON	Glen Burnie, Md	. DMAY	19 1967 Killianes	y Judge			

TO NOTIFIAM ON ATTENDING FINYSICIAN: The law requires that the death certificate be executed within 24 Davrs after Meath Page 4 may be retained by the hespital ar attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the bunial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to bunal, crematian, ar removal, and in any event, within 72 hours after death

VR A15 [4] 20 M 1/66



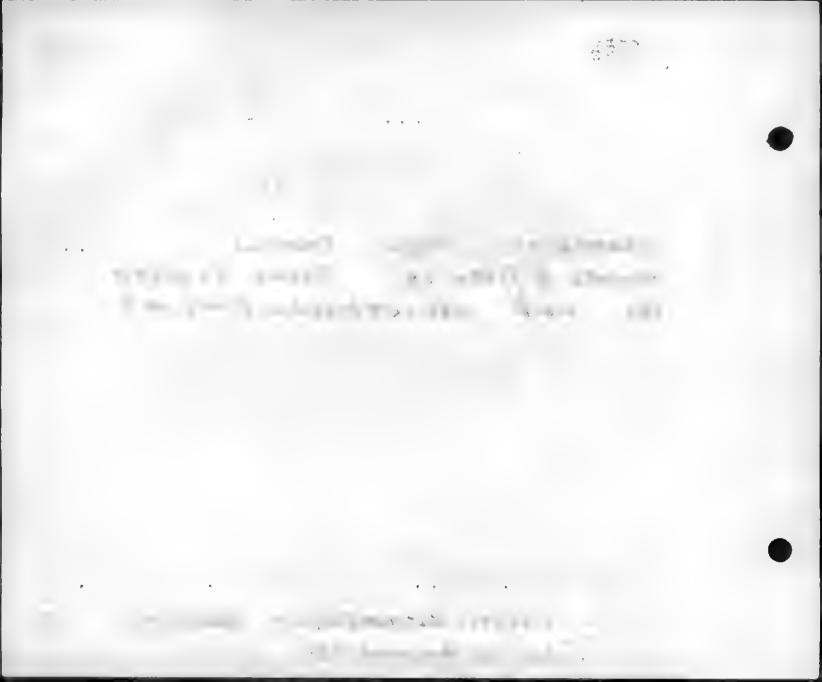
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06153 CERTIFICATE OF DEATH TO FUNIRAL DIRECTOR: After this certificate has been signed by the attending physician and kargaletely filled in by the funeral director, page 3 shauld be detached for use as the bunal-transit permit. Then please remove calban papers. Pages 1 and 2 hauld be filed with the State Dept. of Health prior to burial, crematian, ar remaval, and in any secutivity in 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital ar attending physician.

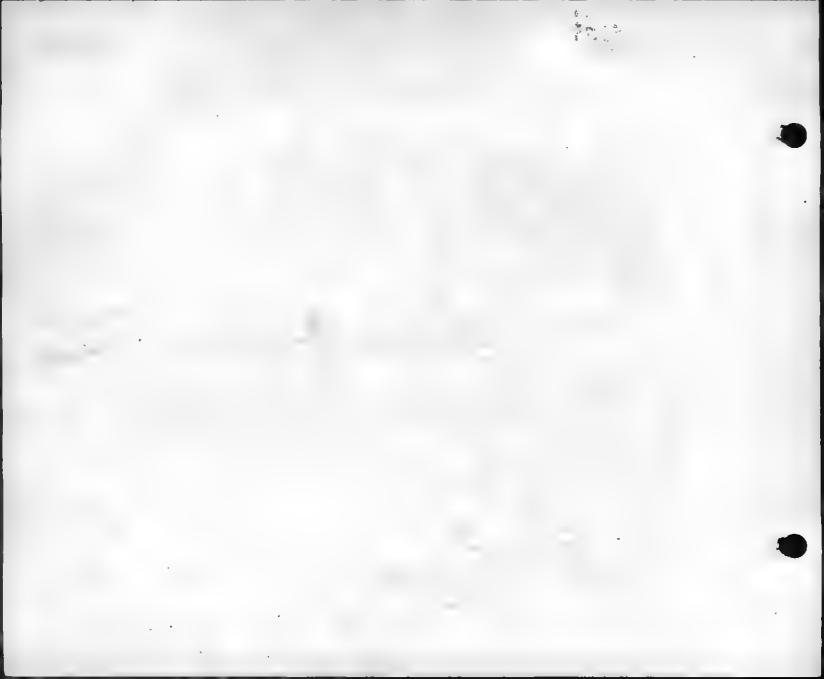
VR A15 (4) 25M 1/67

00240				LULEU I
PLACE OF DEATH			Where deceased lived, if instituti	
a. COUNTY Anne Arundel	MARYLAND	o. STATE Mary	yland b. COUN	Anne Arundel
b CITY OR TOWN (If outside carparate limits,	c LENGTH OF STAY IN 16	C CITY OR TOWN (IF OU	tside corparate limits, write RUR	At and give nearest town)
write RURAL and give negres! town) Annapolis	D.O.A.	RURAL .	- Annapolis	, ,
d. NAME OF MOSE TAL OR INSTITUTION (If not in haspital, g	ive street address)	d STREET ADDRESS	-	e S RESIDÊNCE ON A FARM?
Anne Arundel General Hospit	tal	Epping Fo	rest	YES NO X
3. NAME OF First	Middle	Last	4. DATE Month	Doy Year
DECEASED (Type or print) Howard	August 1	PIPPIG JR	OF DEATH May	22 19 67
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In years last, birthday)	Manths Days Hours Min
Male White WIDOWED	DIVORCED	March 7, 19	921 46 yrs	Manths Days Hours Min
	ND OF BUSINESS OR	11 BIRTHPLACE (County	& Stole, or foreign country)	12 CITIZEN OF WHAT
PARKINACISI	DRUG	CATONSVIL	42 Maryland	COUNTRY?
13. FATHER'S NAME		14 MOTHER'S MAIDEN I		
HOWARD H. PIPPIG	SR.	SARAH	SCBOTT	FA
		NFORMANT	Addres	SS
YES WWIF 21	8011278 M	ARIE L.	PIPPIG #	<u> </u>
18 CAUSE OF DEATH (Enter only one cause per little for PART I DEATH WAS CAUSED BY:	(g), (b), and (c))			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	-011HPG4 7	18 amo	05/5	15 minutes
19201 DUE TO A	-1	2.51 1/2		1 11/100
(b) (canditions, if any, which gave rise to immediate cause (a),	KK1050KK	CICATELL	E1 1015111	£ 10/K3
stoting the underlying cause DUE TO				
	O DELTH OUT MOY DELATED TO 1	CHE TERMINAL DIFFACE CO.	IDITION ORIGINAL BURT 1/ 1	19 WAS AUTOPSY
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT KEEATED TO	TE TERMINAL DISEASE CON	IDITION GIVEN IN PART (0)	PERFORMED?
3 PREVIOUS MYCCARDA	ML MARCO	13-1996	1765	YES NO 🚣
I 🔄 I OR CONTRIBUTING 🏻 CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRED (tenter nature at injury in	raff I ar Parf II at Item 18)	
	JURY OCCURRED 20e PLAC	CE OF INJURY (Hame, farm), 20f (City or town)	(etots) (status))
& Hour om. While	Nat While factor	ory, street, affice bldg , etc.)		(Canty) (State)
p.m. 37 at wark		11.64581	0(5 : 5) 45 41/	10/ 7) 11 1 (1) () 1
21. I certify that (I) (this characteristication saw the deceased alive an		t death accurred at		, 19@2, that (1) (vPE) last and an the date stated above
224 MSNATURE		8:0	O AM	22b DATE SIGNED
dann's little	M.D	ATTENDING PHYS	MED STAFF PHYS.	5-22-67
PAYSKIAN'S		22d. ADDRESS		
NAME (Type) Edward S. Beck,	M.D.	71 Frankl	in St., Annapo	Lis, Md.
230 BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR I	CREMATORY	23d LOCATION (City or Tov	(County) (State)
BURTAL 5/25/1967	BALTIMORE NI	AT. CEM.	BALTIMOR	E MID
24 FUNERAL DIRECTOR	ADDRESS	250 RECT	BY REGISTRAR 250 REG	GISTRAR'S SIGNATURE
VOKEN MI TONIOR CONSA	JAMES PALIS	VITTO DATE AL	N 0 F 4007 0	Marila andre

177119



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND **EXAMINER'S** CERTIFICATE OF FOR STATE MEDICAL HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) PLACE OF DEATH a. COUNTY COUNTY Department after death. b. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) tuneral may be c. CLTY OR TOWN (If outside porporate limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b lay is riece 13 to the f Page 5 m e. IS RESIDENCE OR MSTITUTION (if not)in hospital, give street address) d. STREEL ON A FARM? State hours NO K 2, and PM3. DATE Month Dev Year NAME OF Middle 3. DECEASED the DEATH 196 (Type or print) within AGE (In years last birthday) IF UNDER 1 YEAR HE UNDER 24 HRS COLOR OR RACE DATE OF BIRTH SEX NEVER MARRIED form 7. MARRIED Months Davs Hours Min. WIDOWED DIVORCED ! event 10a. USU L OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT KIND OF BUSINESS OR (State or foreign country) COUNTR INDUSTRY along pages in any HER'S NAMI 13. in pencil in Item File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes no of unkown) (If yes give war or dates of service) mermit. removal, Examiner's INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per like for (e), (b), and (c). 18. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: cremation, or IMMEDIATE CAUSE (a) "pending" Medicai DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the ro. underlying cause last. burial, (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO V YES [SE DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Pert 1 or Part 11 of Item 18.) 20 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | E 5 CAUSE OF DEATH. 3 sllou agent, MEDICAL 20e. PLACE OF INJURY (Home, ferm, (County) (Steta) 20d, INJURY OCCURRED 20f. (City or town) TIME OF INJURY Month, Day, Year the certificate, should be forw fectory, street, office bldg., etc.) EXAMINER: Hour e.m. Not While While et work CTOR: Mage designated at work p.m. charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion 21. I certify that ! tdok DIRECTOR: Sulcide Homicide Undetermined manner death resulted from: Accident CHIEF MEDICAL EXAMINER your DATE SIGNED execute Page 1 ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE director. Pag retained for 0 FUNERAL P DEPUTY MEDICAL EXAMINER **EXAMINER'S** DEPUTY Address (Street, city, town, or county) NAME (Type) OF CEMETERY OR CREMATORY OCATION (City, town or county) (Stete) BURIAL, CREMATION. DATE THEREOF 23b. REMOVAL (Specify O. REGISTRAR' C'D BY REGISTRAR VR A15MF 3500 4-64



within 24 hours after death

the death certificate be executed

fillied -

completely

physician ren please

the priar to

has

TO FUNERAL DIRECTOR:

VR A15 (4)

director, page should be fried

ATTENDING PHYSICIAN:

remayal.

CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b COUNTY Anne Arundel Anne Arundel Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) 2 days RURAL - Annapolis Annapolis d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? YES K NO Anne Arundel General Hospital Rt-5, Box-61 3 NAME OF Middle PURKRABEK DATE Month DECEASED SUSSMERK May 19 67 (Type or pant) Vincent Joseph DEATH S SEX 6. COLOR OR RACE B DATE OF BIRTH F UNDER 24 HRS 7 MARRIED KX AGE (In years IF JINDER 1 YEAR NEVER MARRIED lost birthdoy) Doys Mar. 22. 1884 Male White WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYS Agricultural 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Purkrabek Anna (last name unknown 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) 216-44-5041 Mrs.Christina Purkrabek - same as no IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY CERTIFICATION PERFORMED? NO 20 ACC DENT WAS UNDERLYING DO CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER' MEDICAL 20c TIME OF INJURY Month, Doy, Year 20a INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour om. factory, street: office bldg : etc.) Not-While 21. I certify that (1) (this hespital) attended the deceased fram. May 7 1967, that (1) (see) last 19 67, and that death occurred at sow the deceased alive on M. fram couses and on the date stated above. 220 SIGNATURE 22b DATE SIGNED STAFF MD DIRECTOR PHYSICIANS 22d ADDRESS NAME (Type 121 Cathedral St., Annapolis, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o BUR AL, CREMAT ON Mary's Come tery Annanolis REC'D BY REGISTRAR DATE FUNERAL HOAR -

Annangli

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) PLACE OF DEATH o. COUNTY O STATE MD 12.60 b. COUNTY P.M.3 Page MARYLAND delay b CTY OR TOWN (If outside corporate imits C. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) de write RURAL and give nearest town) ANNApolis-11NO115. d NAME OF AOSPITAL OR INSTITUTION (If not in hosp to give street oddress) e IS RES DENCE ON A FARM? d STREET ADDRESS Pages 1, AKUNDEL. INKNE YES NO X 24 hours ofter death. 3 NAME OF Middle 4 DATE DECEASED OF DEATH 19 6/ (Type or print) algaig S SEX B DATE OF BRIM FUNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED AGE (n years lost b rthdoy) Months Doys 3-2-1896 W DOWED DIVORCED land 2 v event 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 B RTHPLACE (State or forego 12 CITIZEN OF WHAT during mest of working life, even if retired) INDUSTRY COUNTRY? ward "pending" in pencil in the Chief Medical Examiner's bages 13 EASHERS NAME 14 MOTHER S This certificate shauld be executed within MAIDEN NAME .⊆ IS. WAS DECEASED EVER IN U.S. ARMED FORCES 6. SOCIAL SECURITY NO 17. INFORMAN removal (Yes, po_or unknown) ((If yes,qive,wor or dotes of service CAUSE OF DEATH (Enter only one INTERVAL BETWEEN touse per line, for (a), (b) and (c).) PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) e, writing the ward forwarded to the Ch crematian, DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO 0 stoting the underlying cause used as burial, a PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALTOPSY PERFORMED? NO X its designated agent, prior ta 20o EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part or Part 1 of Item 18) 3 should PRIMARY I or CONTRIBUTING I 4 shauld MEDICAL EXAMINER: CAUSE OF DEATH 20d MuJRY OCCURRED 20e, PLACE OF INJURY (Home, form, 20c T ME OF INJURY Month Day, Year (City or town) (State) Hour o.m factory, street, office bldg, etc.) Not While may be retained for your FUNERAL DIRECTOR: Page at work at work 21. I certify that I took charge of the remains described above, held on Autopsy [1]. Inspection . Inquiry the funeral director. Spiciae . death resulted from: Natural causes Undetermined manner Accident Hamicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MED CAL EXAMINER SIGNATURE TO FUNERAL Health or i DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 23 BURIA CREMATION 23c NAME OF CEMETERY_OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR ATSME (\$) 6M 1/66 1.4000



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06157 DEATH OF PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission MARYLAND c LENGTH OF STAY IN 16 .⊆ IS RESIDENCE ON A FARM? not in hospital, give strate address) nnapolis St. completely-filled NO X L DQ NAME OF 4. DATE DECEASED DEATH 9. AGE (In years less birthday) IF UNDER eve 7 MARRIED remove Hours cremation, or remayal, and in any WIDOWED and 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM 17. INFORMANT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEE signed by the burial-transit p burial, crematic PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gove) (b) rise to immediate couse (a), DUE TO stoting the underlying couse attending the State Dept. af Health prior to this certificate has been WAS AUTOPSY PERFORMED? PARY II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO (V Page I may be retained by the hospital ar JD. 20o ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (('y or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work 2). I certify that (1) (this-hospital) attended the deceased fram sow the deceased olive on 1967, and that death accurred at M, from causes and TO FUNERAL DIRECTOR: on the date stoted obove. 220. SJONAJURE 22b DATE SJGNED ATTENDING MED DIRECTOR director, page 3 shauld be filed v M.D PHYS PHYS luan 22d ADDRESS 22c PHYS CIANS O HOSPITAL 23d. JOGATION JOUR 23b. DATE THEREOF (County) 2So REC'D BY REGISTRAR VR A15 (4) 25M 1/67 196

06158

CERTIFICATE OF DEATH

	18119	
	Residence before admission)	
DUNTY	Anne Arundel	
RURA.	and give nearest tawn)	
d	/	

Day

o. COUNTY Annæ Arundel b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)

Annapolis

MARYLAND c. LENGTH OF STAY IN 16

c CITY OR TOWN (If autside corporate limits, write Annanolis

4 DATE

d STREET ADDRESS

4 Clay St..

2. USUAL RESIDENCE (Where deceased lived, if inst

Maryland

IS RES DENCE ON A FARM? NO XX

NAME OF DECEASED (Type or print)

PLACE OF DEATH

Agnes 6 COLOR OR RACE

Anne Armndel General Hospital

7 MARRIED XX WIDOWED [

NEVER MARRIED DIVORCED

Middle

RANDATL 8 DATE OF BIRTH

Lost

DEATH AGE (In years last birthday)

May 29 IF UNDER 1 YEAR Months

67 19 IF UNDER 24 HRS

S. SEX Female

be executed within 24 hours after death.

requires that the death certificate

OR ATTENDING PHYSICIAM:

TO BIDSPITAL

.5

completely filled

oud

physician

buriol-transit

hos

detached

corbon

ŝ

Ony

or removol,

priori 90

Negro 10a USUAL OCCUPATION (Give kind of work done

d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

IDb. KIND OF BUSINESS OR INDUSTRY

Sept. 23, 1920 11 BIRTHPLACE (County & State, at fareign country)

Month

12 CIT.ZEN OF WHAT

INTERVAL BETWEEN

ONSET AND DEATH

during most of working life, even tizer

First

14. MOTHER'S MAIDEN NAME

FATHER SALAM

WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, na, ar unknown) (If yes give war as dates at service)

18. CAUSE OF DEATH (Enter only one couse per line-fo PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)

DUE TO

21. I certify that (I) PORCESSIONAL) attended the deceased frame

PART HOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

WAS AUTOPSY PERFORMED? YES XX NO

May 29. 19 67 that (1) 100 last

22h DATE SIGNED

M. fram causes and an the date stated above

MEDICAL

HIST.

20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH

Canditions, if any, which gave rise to immediate cause (a).

stating the underlying cause

Haur am.

(IF EITHER, NOTIFY MEDICAL EXAMINER

20c TIME OF INJURY Month, Day, Year

2Dd INJURY OCCURRED Not While at wark at work

20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.)

19.67, and that death accurred at

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.)

(City or town)

(County) (State)

saw the deceased alive an May 29 22a. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

Allen, M.D.

M.D. PHYS. 22d. ADDRESS

ATTENDING

DIRECTOR

A	20	*	*	200	_	7	30	0	

FUNERAL DIRECTOR

BUR AL, CREMATION,

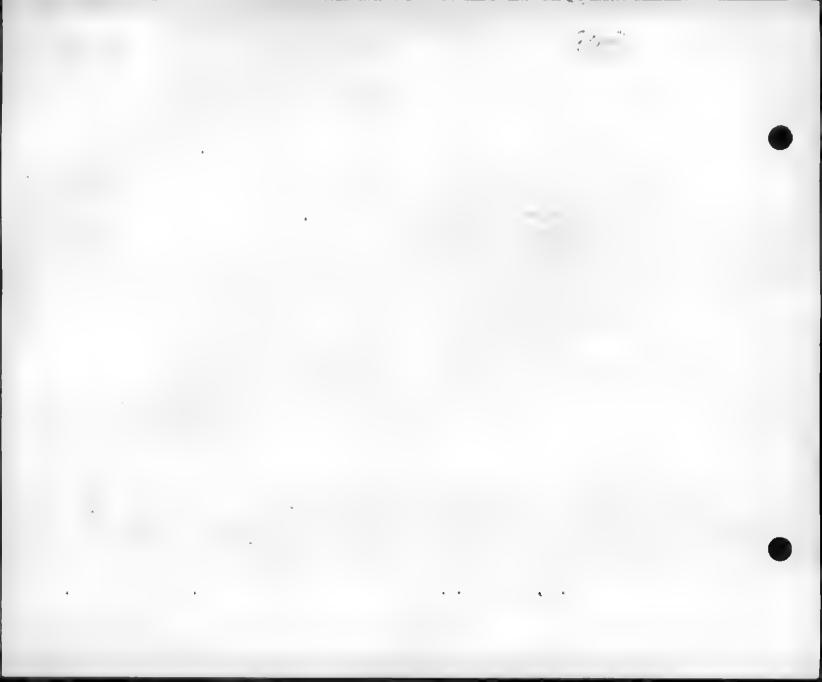
Cathedral

SIGNATUR

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR:

filed director, page should be filed



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY a. STATE **b.** COUNTY MARYLAND within 24 hours ofter b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Gien Burnie within 72 hours Glen Burnie 50 yrs papers. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RES DENCE ON A FARM? filled North Arundel Hosp. 107 Central Ave YES NO 🔀 3 NAME OF 4 DATE pan First Middle Lost Month Doy completely DECEASED Elizabeth Roemer May 21 19 67 (Type or print) DEATH ATTENDING PHYSICIAN: The law requires that the death certificate be executed S SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (n years FUNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED and camp Chinada birthday) Months Days Hours MIDOWED DIVORCED 10a. USUAL OCCUPATION (G ve kind of work done 106 KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Housework Bun Home COUNTRY? physician Hungry US 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME remaya Helen (Unknown) John Mack 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give war or dates af service) John Roemer - Same as NO NONE 1B CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying cause the has been last. 19. WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? FICATION NO O FUNERAL DIRECTOR: After this certificate 20g. ACC DENT WAS UNDERLYING [205 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (City or town) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, office bldg., etc.) Nat While at work at work 21. I certify that (I) (this hospital) attended the deceased fram Oct 1866, 19 to 1967, that (I) (we) last saw the deceased alive an MA121967, and that death accurred at 10 M, from causes and on the date stated above. 22a, SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Brooklyn. Maryland 24 May 1967 Holy Cross Cemetery Burial 25o, REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Robert Pllere Ochraces & 23 Singleton Funeral Home/Glen Burnie, Md.

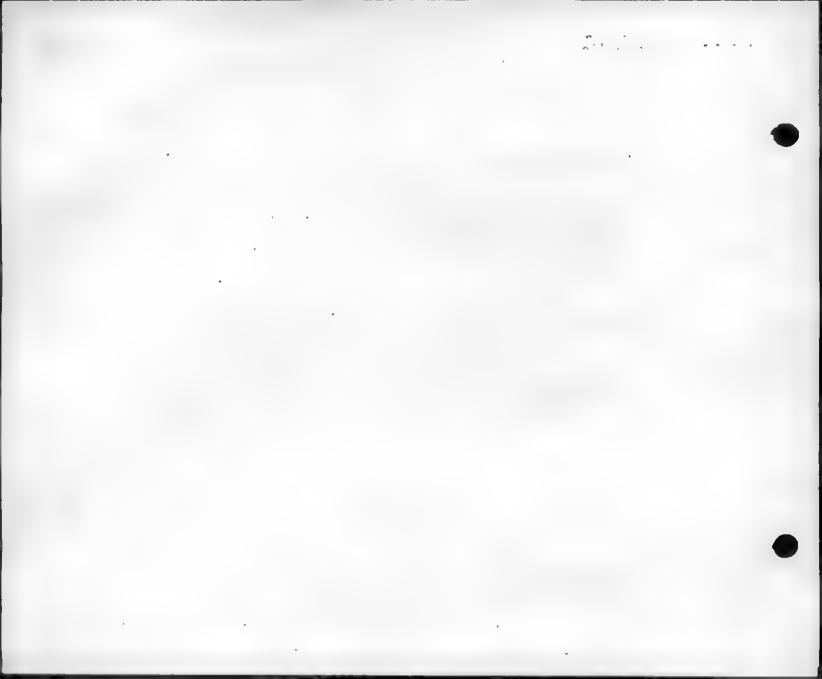


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		00168			CERTIFICA	TE OF DEATH		10484			
	1	10100					All d d to a d of section				
		PLACE OF DEATH O. COUNTY		1		a CTATE	IL COLLA	Ion: Residence before admission)			
	L_		ne Arunde.		MARYLAND		ryland ". wo	" Anne Arundel			
	1	b CITY OR TOWN (If write_RURAL and)	autside corporate limit	\$,	c LENGTH OF STAY IN 16		tside corporate limits, write RJI				
		Glen B	Give negrest town)		3 days	Glen Bu	rnie (Fe	rndale)			
,	-	d NAME OF HOSP TA	L OR INSTITUTION (IF no	ot in haspital, g	ive street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?			
7			ndel Hosp:	ital		404 Broad	dview Blvd.	YES NO 🔀			
		NAME OF DECEASED	Fi	rst	Middle	Lost	4 DATE Mont				
		(Type or print)	MARY		ANICE	ROSENWINKLE	DEATH May				
	S :		6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years Lost birthdoy)	Months Doys Hours Min.			
		Female	White	WIDOWED	DIVORCED	Aug. 31,19	900 66 Yrs	MOTORS DOTS TOURS			
	10o	JSUAL OCCUPATION (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)	12 C TIZEN OF WHAT			
	dur	ng most of working li	re, even it retired) TK	Dωτ	oustry I Hame	Alfonso.	, Virginia	COUNTRY?			
	13.	FATHER'S NAME				14 MOTHER'S MAIDEN I					
		Augu	st Rice			Mary	/ J. Holt				
	IS.	WAS DECEASED EVER	IN ILS APMED FORCESS	16. 9	SOCIAL SECURITY NO. 12	7. INFORMANT	Addre	12\$			
	(Ye	s, no, or unknown) (If yes give war or dotes o	of service)	14-22-0727	Mr. Palmer F	Rosenwinkle (Husband) Same as			
		18. CAUSE OF DEA	ITH (Enter only one cou		(0), (b), and (c).)	~/		INTERVAL BETWEEN # 2			
		PART 1. DEATH	ONSET AND DEATH								
		HACI DUE TO									
		Conditions, if ony, in rise to immediate									
		stating the underl									
		last									
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)									
ş	CERTIFICATION										
	1111	200 ACCIDENT WAS		205 DE:	SCRIBE HOW INJURY OCCURRE	ED (Enter noture of injury in I	Port I or Port II of item IB.)				
		OR CONTRIBUTING D (IF EITHER, NOTIFY N									
	MEDICAL	20c TIME OF INJUR	Y Month, Day, Year			PLACE OF INJURY (Home, form		(County) (State)			
	MEC	Hour o.m. p.m.	10	While of work		foctory, street, office bldg., etc.)					
						5/5	9 67 , to 5/8	, 19 <u>_67,</u> that (I) (we) last			
			ceased alive an_		19 <u>67</u> , and t	hat death accurred at	2 # M, fram causes	and an the date stated above.			
		220. SIGNATURE				ATTENDING A	MED. STAFF	22b. DATE SIGNED			
		Kok	ent Qa	choen	7	M.D. PHYS LZ	DIRECTOR PHYS	1 5/9/67			
		22c PHYSICIAN'S				22d. ADDRESS	5				
7		NAME (Type)	Robert D	abelin:	5 M.D.	400 Crai	~ Hay hit.				
	230	BURIAL, CREMATION	i, 236 DATE TH	EREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City or To	wn) (County) (State)			
		REMOVAL (Specify)	May 1	1,1967	Glen Haver	n Memorial P	Glen Burn	ie, Maryland			
	24	. FUNERAL DIRECTOR			ADDRESS	250 REGO	AND REGISTRAP 967 25b. AF	GISTRAR'S SIGNATURE			
		Richard	V. Sinnl	eton	Glen Burn	Tie. Md	TU DON A	The Market			

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please removerant papers. Pages should be filed with the State Dept. at Health prior to burial, crematian, or remayal, and in day event, within 72 hours after the state of the state Dept. Page 4 may be retained by the haspital or attending physician.

> VR A15 [4] 20 M 1/66



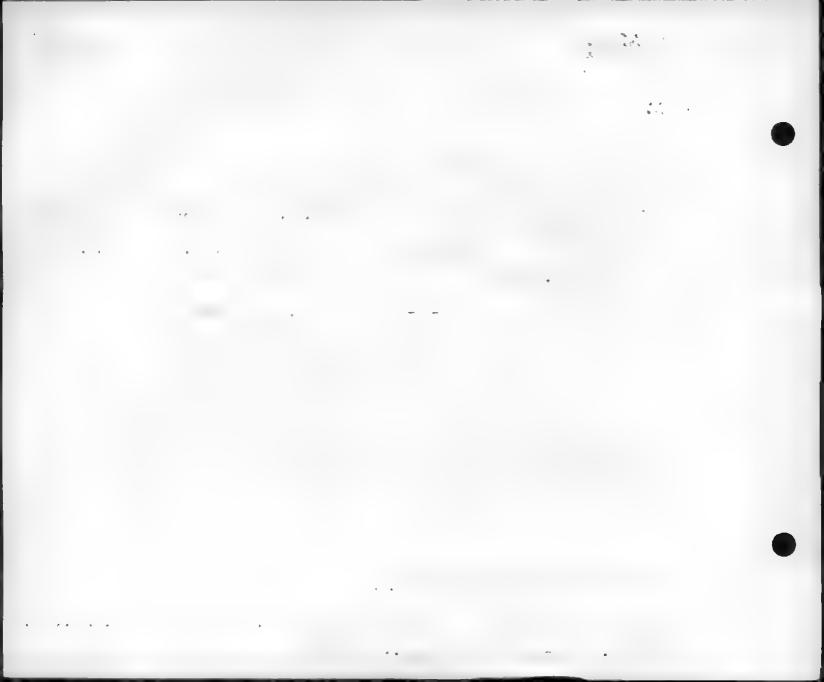
06161 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased yed if institution Residence before admission) o COUNTY h GOLNTY 0 ANNE ARUNDEL Maryland Page State Deportment E. LENGTH OF STAY IN b. b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (flouriside corporate limits write RURAL and give nearest town, write RURAL and give noprest town I IRM . . Pasadena d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS the certificate, writing the ward "pending" in penal in Item 18. Give Pages 1, 4 should be forworded to the Chief Medical Examiner's Office along with form KH. North Arundel Hospital Creek Drive - Rock Hill Beach YES NO [NAME OF Middle 4 DATE OF DEATH the DECEASED (Type or print) CURTIS LEE May IF UNDER 1 YEAR 9 AGE (In years 6 COLOR OR RACE DATE OF BIRTH 7 MARRIED NEVER MARR ED lost hirthdoy) Months Dovs Aug. 2, 1943 Male White WIDOWED 11 BIRTHPLACE (State or foreign country) 100 JSUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 12. C TIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? Insurance Baltimore. Md. Agent buriof-tronsit permit. File pages 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME any event within 72 hours Alfred T. Sank Bettie Young IS WAS DECEASED EVER NUS ARMED FORCES? 17 INFORMANT 16 SOCAL SECURITY NO Address (Yes, no. or unknown) (If yes give wor or dates of service) 217-40-9329 Alfred T. Sank - same No 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c)) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Cerebrocranial injuries IMMEDIATE CAUSE (a) _ DUE TO Conditions, if ony, which gove nse to immediate cause (a), Ξ. DUE TO stating the underlying cause Ó PERFORMED?

YES NO PART II OTHER SIGN F CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) removal, CERT, FICATION 200 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part I of Item 18) should Driver of auto that struck pole CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home Torm, 201 (City of fown) 20c TIME OF INJURY Month, Doy Year 20d INJURY OCCURRED (County) foctory, street, office bldg , et 1) Whe at work of work 11:00 moy be retained for your FUNERAL DIRECTOR: Poge 19 67 street Anne Arundel Md. 21. I certify that I taak charge of the remains described above, held an Autapsy 🛣 , Inspection 🗍 , Inquiry 🗍 , and in my apinion death resulted from Natural causes . Accident X Suicide . Hamicide . Undetermined manner CH EF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED TO FUNERAL D Health prior t ASS STANT MEDICAL EXAMINER X SIGNATURE funeral DEPUTY MED CAL EXAM NER **EXAMINER'S** Charles S. Springate, M.D. May 5, 1967 Address (Street, city town or county) NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR AL, CREMAT ON, 5-8-1967 Glen Haven Memorial Pk. Ritchie Hgwy., A.A.Co., ADDRESS 25b REGISTRAR S SIGNATURI 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR VR A15ME (5) George J. Gonce- 4001 Ritchie Hgwy., Baltimore

deloy

This certificate should be executed within 24 hours after death

6M 1/67



Itom #22a Film #3 CERTIFICATE OF DEATH 06162 Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) · COUNTY o. STATE **b.** COUNTY eg MARYLAND MNE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN IIf outside corporale limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street oddress) e IS RESIDENCE d STREET ADDRESS ON A FARAI? OR INSTITUTION YES NO L 2. NAME OF 4. DATE M:ddle Lost Yeor DECEASED REARKT DEATH (Type or print) 196 8 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX completely Months WIDOWED | DIVORCED I 85 100 USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S. A UOMEST! 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: **DUE TO** Conditions, if any, which gned gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART \$(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO D 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) 20c. TIME OF INJURY Doy, Year 20d INJURY OCCURRED (County) (Stote) factory, street, affice bldg , etc.) Hour 0. m. While Not while of work of work JUNE MAY 28, 1967, that I last saw the deceased 1955 to 21. I certify that I attended the deceased from... and that death accurred at 3 200A. M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE TO FUNERAL D page 3 should PHYSICIAN'S NAME (Type) 220 BURIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 1967 Cedar Hill Cemetery Ritchie Marvland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) h001 Ritchie Hwy Gonce 15M 10/57

LAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36163 CERTIFICATE OF DEATH and deco 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY papers. Pages I hin 72 hours after Anne Arundel MARYLAND ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after nne Arundel b CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) Glen Burnie 31 days Odenton d. NAME OF HOSPITA. OR INSTITUTION (It nat in haspital, give street address) .⊑ d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled YES NO 3c North Arundel Hospital 19 Lamonte Ave NAME OF 4 DATE Middle Last Month Year carban completely DECEASED (Type or pnnt) DEATH Sears IF UNDER 1 YEAR AGF (In years SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED remaye lost birthday) Months Hours Female White WIDOWED DIVORCED 1-29-82 and in any pillo 10a USUA, OCCUPATION (Give kind of work done 12 CT ZEN OF WHA 10b. KIND OF BUSINESS OR 11. BIRTHP_ACE (County & State, or foreign country) Physician o COUNTRY? during most of working life, even if retired) INDUSTRY NZA Baltimore, Maryland never worked 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME remayal, Then Erhardt Weber unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, na, ar unknawn) (It yes give war or dates at service) Б 214-54-9378 Andrew E. Sears - same as #2 above no burial, cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I, DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSEL AND DEATH IMMEDIATE CAUSE (o) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. DUE TO ARTERIOS CREROSIS Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause las been director, page 3 should be detached for use as the should be filed with the State Dept. of Health priar to last. 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CHF-NO certificate 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20d TIME OF INJURY Manth, Pay, Year 20e PLACE OF INJURY (Home, form, (County) (State) (City or town) factory, street, affice bldg., etc.) Hour a.m. While Nat While 2). I centify that (1) (this hospital) attended the deceased fram and that death occurred at 9 M. from couses and on the date stated obave. saw the deceased alive on IIIIIICTOR: 22b. DATE SIGNED SIGNATURE **ATTENDING** DIRECTOR 22d. ADDRESS PHYSICIAN'S ANNA POLIS O FUNIERAL BAME (Type NONTHBOURNE AD RALLIZ 23c NAME OF CEMETERY OR CREMATORY **BURIAL, CREMATION** DATE THEREOF 23d. LOCATION (City at Town) (State) (County) REMOVAL (Specify) Most Holy Redeemer Cem. 25g. REC'D BY REGISTRAR 256. REGISTHAR'S SIGNATURE nopping 3 VIII A15 (4) 20 M 1/66 DATE MAY 1967

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06164 2 USUAL RESIDENCE (Where deceased fived, if institution: Residence before admiss on) PLACE OF DEATH b. COUNTY a. COUNTY Anne Arundel MARYLAND Anne Arundel c CITY OR TOWN (If outside carparate limits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, write RUPAL and give penrest town 20 years Milleraville IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Knollwood Nursing Home YES NO 🚽 Route #3 and Route 4 DATE NAME OF Doy Year DECEASED OF 26 19 67 Elizabeth Shema May DEATH (Type or print) 9. AGE (In years IF UNDÉR 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 8 DATE OF BIRTH S SEX 7. MARRIED NEVER MARRIED 80 yrs Hours Manths Doys 7/2/1886 WIDOWED Cauc 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR COUNTRY? during mast of working life, even if retired) INDUSTRY Maryland Mursing 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME linknown King 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED TORCES? 16 SOCIAL SECURITY NO (Yes, no, ar unknown) [(If yes give war or dates of service) Mrs Elaine Knoblock 204 Marie Ave, Severn INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one cause per line for (a), ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse last. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I of Port II of item 18) 20g ACCIDENT WAS UNDERLYING 172 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20e, PLACE OF INJURY (Home, farm, (City or town) (County) 20d INJURY OCCURRED 20f. 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While at wark at wark 19 65 to May 26 21. 1 certify that (I) (this haspital) attended the deceased from saw the deceased alive an May 9 1967, and the Mar. 50 and that death accurred at 8:30AM, from causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR M.D. PHYS 22d ADDRESS 22c. PHYSICIAN'S Hahn Professional Bldg., Severna Pk. Md. Ray M. Smith, M. D. NAME (Type) 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23b DATE THEREOF (County) (State) 230 BURIAL CREMATION REMOVAL (Specify) Greenmount Ave. Bal-GISTRAR 2Sb. REGISTRAR S SIGNATUR Greenmount Crematory Balto. 24. FUNERAL DIRECTOR

DATE

George J. Gonce, 4001 Ritchie Hgwy, Balto, Md

The law requires that the death certificate be executed within 24 hours after death ours aft يمح completely filled in b nove corbon papers. ny event/within72,ho ond in ony event remove puo physician o Ing phy ar removo affendi cremation, signed by the buriol-transit p buriol, cremati a L **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospitol or ottending physicion. hos been be detoched for use as the State Dept. of Health prior to certificate O FUNERAL DIRECTOR: After director, page 3 should should be filed with the VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06165 CERTIFICATE OF DEATH within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY Maryland Anne Arundel MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 22 days Baltimore City. Annapolis d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Anne Arundel General Hospital 753 Lake Drive YES NO X NAME OF Middle DATE Losì Manth DECEASED STNGER Helen May 67 Lena (Type or pnnt) DEATH in ony event **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed S SEX 6 COLOR OR RACE 9 AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED 1888 Months White Female June 10. WIDOWED XX DIVORCED pub 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Maryland Baltimore. never worked 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Anna (last name unknown Abraham Silver 17. INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service Louis Liss - 15 Sampson Pl. Annapolis, Md 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) INTERVAL BETWEEN DUE TO Conditions, if ony, which gave rise to immediate couse (a), **DUE TO** stoting the underlying couse has been WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO NO X XD 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 1) of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Month, Dov. Year (C'ty or town) (County) (Stote) foctory, street, office bldg , etc.) Hour o.m. Not While ot work O FUNERAL DIRECTOR: After 21 I certify that (I) (his baseful) attended the deceased from 1967, that (1) (1100) last May 14 19 67, and that death accurred at M, from causes and an the date stated above. saw the deceased aliveran-220 SIGNATURY 22b DATE SIGNED XXI PHYS DIRECTOR PHYS director, poge should be filed 22d ADDRESS O HOSPITAL NAME (Type 121 Cathedral St., Annapolis, Md. 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREO! REMOVAL (Specify) Kneseth Israel Cemetery Annapolis Annearun 2Sb REGISTRAR'S SIGNATURE nopping FULERAL HOME Annabo.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06166 CERTIFICATE OF DEATH within 24 hours ofter deoth. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, Finstitution, Residence before admission) o STATE Maryland o COUNTY b COUNTY Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest town) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 popers. Pag hin 72 hours o Annapol &s Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) .⊆ d. STREET ADDRESS IS RESIDENCE ON A FARM? filled YES ND. Anne Arundel General Hospital 129_Lafavette_Ave NAME OF роп Lost Month Doy Year completely DECEASED Effie SMALL MAY 1967 100 (Type or pnnt) May DEATH The low requires that the deoth certificate be executed SEX AGE (n years F UNDER YEAR 6 COLOR OR RACE 8 DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED NEVER MARRIED ove less to rthdoy) Months Hours 13,18 White March in ony Female WIDOWED DIVORCED an an 10o USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) KIND OF BUSINESS OR 12 CITIZEN OF WHAT **COUNTRY?** ondi HOME FATHER S NAME or removal, WAS DECEASED EVER IN U.S. ARMED EDRCES? INFORMANT (Yes, no, grunkgown) (If yes give war or dotes of service cremotion, NTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE for **DUE TO** signed burial, Conditions, if ony, which gove rise to immediate couse (a). DUE TÓ stoting the underlying couse prior to peen WAS AUTOPSY PERFORMED? hos PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(6) CERTIFICATION NO certificote OR ATTENDING PHYSICIAN: 20o ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 1B) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not While of work of work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from be retoined 1.360 M, from Lauses and an the date stated above saw the deceased alive an and that death accurred at 220. SIGNATURE-DATE SIGNED STAFF director, poge 3 should be filed v PHYS DIRECTOR 22d ADDRESS TO HOSPITAL NAME (Type) 98 Cathedral St Fred Hawkins 23b DATE THEREOF CEMETERY OR CREMATOR LOCATION (Erry or Town) (County) REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

1, -- 4

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06167 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH COUNTY b. COUNTY MARYLAND ANNE ARUNDEL ANNE ARUNDEL MARYLAND b. CITY OR TOWN (If outside carparate limits, CLENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) wate RURAL and a ve nearest town) 28 DAYS PASADENA d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? ROUTE #1, Box 15J KIMBROUGH ARMY HOSPITAL YES NO PC 3 NAME OF First Middle 4 DATE Manth Last DECEASED EDRIS SMITH MAY THAYER 1967 (Type or print) DEATH YEAR IF UNDER 24 HRS 8 DATE OF BIRTH AGE (In years IF UNDER 1 S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Hours OCT 8, 1915 PEMATE CAU WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Housewife None Augusta, Maine USA 13. FATHER'S NAME Roy Bennett Thaver Marion Appleton 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT (husband) Address (Yes, no, or unknown) (If yes give war at dates of service 212-42-8055 Weston R.Smith, Route #1, Box 15J, Pasadena, Md INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

DUE TO Carcinomatosis Conditions, if any, which gave nse to immediate cause (a), DUE TO stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Pulmonary Edema

20¢ TIME OF INJURY Manth, Day Year 20d INJURY OCCURRED Hour a.m. Nat While at work at wark

20e PLACE OF INJURY (Hame, farm, factory, street, office bldg, etc.)

(City or town)

(County) (Stote)

ONSET AND DEATH

19. WAS AUTOPS PERFORMED? YES X

21. I certify that 1) (this haspital) attended the deceased from 11 Apr , 19 67, to 9 May 19 67, that 刘 (we) last and that death accurred at 5:55 M, from causes and an the date stated above. saw the deceased alive an___ May 220 SIGNATURE 22b. DATE SIGNED

M.D.

22c PHYSICIAN'S NAME (Type) HOWARD M. TANNING, CPT, MC 23b DATE THEREOF

PART I DEATH WAS CAUSED BY

Novas

23a BUR AL, CREMATION,

IMMEDIATE CAUSE (o)

23c NAME OF CEMETERY OR CREMATORY Meunt Hope Cemetery

PHYS 22d. ADDRESS

KIMBROUGH ARMY HOSP FT GEO G MEADE MD 23d LOCATION (City or Town) Augusta.

STAFF PHYS.

(County) (State) Maine

9 May 1967

May 13, 1967

2So REC'D BY REGISTRAR

DIRECTOR

25b. REGISTRAR'S SIGNATURE

requires that the death certificate be executed within 24 hours ofter death. popers. Pages hin 72 hours of event, within 72 corbon Verta Dimos remove ond in ony physicion a ien pleose cremotion, or removol, attending physical property of the property of permit. transit signed by burial fran Page 4 may be retained by the hospital or attending physician. be detached for use as the State Dept. of Health prior to certificate has been TO FUNERAL DIRECTOR: After this director, page 3 should should be filed with the

MEDICAL

ond

VR A15 (4) 20 M 1/66



32128	CERTIFICATE	OF DEATH		C:59						
1. PLACE OF DEATH			nere deceosed lived, if institution							
o. COUNTY Anne Arundel.	MARYLAND	o. STATE Maryl	and b COUNTY	Anne Arundel						
b (ITY OR TOWN (If outskie corporate limits, write RURAL and give pearest tawn) Annapolis	c LENGTH OF STAY IN 16		ide corporate iimits, write RURAL	ond give nearest town)						
d NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tol, give street oddress)	d. STREET ADDRESS		e IS RES DENCE						
Anne Arundel General Hos	pital	Box-392	2, Melvin Road	ON A FARM? YES NO XX						
3. NAME OF First DECEASED (Type or print) Roy	Middle Fish er	SPEAR	4 DATE Month OF May	1.6 Year						
SEX 6 COLOR OR RACE 7 MARR		8 DATE OF BIRTH Nov. 13, 1890	Free Street Land	FUNDER I YEAR OF UNDER 24 HRS Months Days Hours Min						
100 USBAL OCCUPATION (Give kind of work done 100 Intrinstruction of work ng little even if settled)	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County &	State, or foreign country) New York	12 CT ZEN OF WHAT COUNTRY?						
13. FATHER'S, NAME	pear	14. MOTHER'S MAIDEN NA	MY 111/ 1.	119						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes give wor or dotes of service)	TA I	INFORMANT rs. Kichard.	s T. Miller	#2						
18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c))			INTERVAL BETWEEN ONSET AND DEATH						
Conditions, if ony, which gove) DUE TO	innie mounder	e factore	-	2005						
nse to immediate (ause (o), DUE TO	SCUD			187-3						
DADT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTE		THE TERMINAL DISEASE COND	ITION GIVEN IN PART I(o)	19 WAS AUTOPSY						
Dirletes mellitis				PERFORMED? YES NO						
200 ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF DEATH OF FITHER MOTIFY MEDICAL EXAMINED.	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Pa	rt I or Port II of item 18)							
Hour'a.m.	20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d INJURY OCCURRED While Not While foctory, street, office bldg., etc.) 20f (City or town) (County) (State)									
21 I certify that (I) (these points) at saw the deceased alive an May	tended the deceased fram	t death accurred at	M. from couses an	, 19.67, that (1) twe) last						
220. SIGNATURE	im M.	ATTENDING M	D:25 AM JED STAFF IRECTOR PHYS.	226 DATE SIGNED 5/16/17						
220 PHYSICIAN'S Robert BIE	rn	22d ADDRESS 121 Catheo	iral St., Anna	polis, Md.						
230 BURIAL CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY OR		23d HOCATION (City by Town)	((ounty) (State)						
24. FUNERAL-DIRECTOR	ADDRESS	250 REC'D		STRAR'S SIGNATURE						

1967

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pagers, Pages 1 and should be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72, hours after deap Page 4 may be retained by the haspital or attending physician.



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remavel—maken's papers. Pages 1 and 2 shaшld be filed with the State Dept. of Health priar to burial, cr≡matian, ar remaval, a≡d in a≡y event, yithin 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

06163

MARYLAND STATE DEPARTMENT OF HEALTH

1)5160

0111 41C 1 W/ 1	THE STATE WELLTHAN	THE COUNTY OF THE COUNTY	
DIVISION OF VITAL RECORDS	, 301 W. PRESTON 5	TREET, BALTIMORE, MARYLAND 2	1201
	CERTIFICATE O	F DEATH	

1.	PLACE OF DEATH					ENCE (Where dec	reased lived, if institut		e admission)		
	a. COUNTY	Anne Arund	el	MARYLAND	a. STATE	o. STATE Maryland b. COUNTY Anne Arundel					
\vdash	b CITY OR TOWN (f autside carparate limits,		c LENGTH OF STAY IN 16	CITY OR TOWN	v	porate limits, write RUI				
	write RURAL and	give nearest town)		D 0 4		,	, , , , , , , , , , , , , , , , , , , ,	g g	, , , ,		
\vdash	Annar		h tel	D.O.A.	d STREET ADDRE	Riva		6	e 35 RESIDENCE		
4.	Dea Dea	dor Institution if val	nospiral, giv	a sireet dodress)	G SIKCLI ADDKI		m D 1		ON A FARM?		
		lel General H	ospita			210 Map	le Road		YES NO K		
3	NAME OF DECEASED	First		Middle	Last	4 DAT					
	(Type or print)	Dorothy		Marie	SPINDLE	DEA	тн Мат	,			
S	SEX	6 COLOR OR RACE 7	MARRIED [NEVER MARRIED	B DATE OF BIRTH	1000	9 AGE (in years lost birthday)	Months Days	Hours Min		
	Female -	White v	VIDOWED [DIVORCED _	Feb 26	,19/1	5C yrs.	mornis Doys	nours min		
		(Give kind of work done		OF BUSINESS OR	11 BIR†HPLACE (County & State, a	r fareign cauntry)	12 CITIZEN OF COUNTRY ?			
gui	ring most of working	ire, even if refired)	INDU	JSTRY	WASA	NETO	N. D.C.	() S	: A		
13.	FATHER'S NAME	- 100			14. MOTHER'S M	AIDEN NAME	0				
	KOUCE	T E. 111	ARTI	IN DR.	GRX	00	BRASS	0			
15		R IN U.S. ARMED FORCES?		CIAL SECURITY NO	7. INFORMANT		Addre	255	1		
(4)	es, no, or unknown)	(If yes give war at dates of ser	vice)	-11-57741	M. F. SP11	YOLES.	R KIL	10, M.d	/		
F	18 CAUSE OF DE	ATH (Enter only one couse p	er ane for (c	o), (b), and (c).	10 //	1	1_		ERVAL BETWEEN		
	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a) 2	MA	711/1/1/11/11	Willed Gan	11/11/	VIAN	ON.	SET AND DEATH		
	322		-		more The	topus		2/7			
	Conditions, if ony, which gave) (b)										
	rise to immediat	e cause (a), { Dur TO									
	stoting the under	tying couse (c)									
	PART II OTHER SH	GNIFICANT CONDITIONS CONTR	PIBLITING TO	DEATH REE NOT PELATED	TO THE TERMINAL DISEA	ASE CONDITION O	IVEN IN PART 1(n)	19	WAS AUTOPSY		
NO.	THE STREET	entition construction contra	TOUTING TO	VEXT OF HOT RESTREE	TO THE PERIORE PLACE	St Comp. Toll C	, rect. 31 1 5K1 .{b}		PERFORMED?		
1ã	200 ACCIDENT WAS	HNDERLYING [7]	Tools nesc	RIBE HOW INJURY OCCURR	FD (Enter nature of in	nor an Port Lor	Part II of item 181	1 7	EXIXE NO		
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200 0030	KIDE HOW INJUST OCCORR	CO (Canes notice of an	ory at Port 1 of	run II or nem 10 }				
MEDICAL	20c TIME OF INJU	RY Manth, Day, Year			PLACE OF INJURY (Hom		(City or town)	(County)	(State)		
뿙	Havran	10	While of work	Not While at work	factory, street, affice blo	ig., etc.)					
i	21. I certif	y that (I) (thischaspite			Cllin	1962	10 /5 Me	201. 1867. 11	nat (I) (sa)t last		
		ceased alive on			hat death Accurre	ed at	M, fram causes	grid on the dat	e stated above		
	220 SISNATURE	- 11/1/	210		ATTENIOUNIC			226 DATE SIGN			
	FORIN	19911/1	7)0-	1/1/	M D PHYS	MED DIRECTOR	STAFF PHYS	16/17			
1	-ZZE PHYSICIANS	// >			22d. ADDRES	S		1 / 8	///		
	NAME (Type)	Edward S.	Beck	, M.D.	71 Fra	nklin S	St., Annap	olis, Mo	i,		
23	o. BURIAL, CREMATIC		F	23c. NAME OF CEMETERY	OR CREMATORY	23d.	LOCATION (City pr To	wn) (County	(State)		
	REMOVAL (Specify	6 5-17-	67	Columb,	IN GARDI	ENS R	Plivitor	u, Ve			
2	- CHAPTER AS CHOTCES	D		ADDRESS A		. REC'D BY REG	ISTRAR 2Sb RE	GISTRAR'S SIGNATU	nr.		
	4. FUNERAL DIRECTO	K A A	1	//	000 D 200	. KLC D DI KLO	131KAK 1 230 KE	GISTRAK S SIGNATU	KE		
	TR HA	relister Son	G	nnosolo	med DA	MAY 9 0		Liante Q			



36170

CERTIFICATE OF DEATH

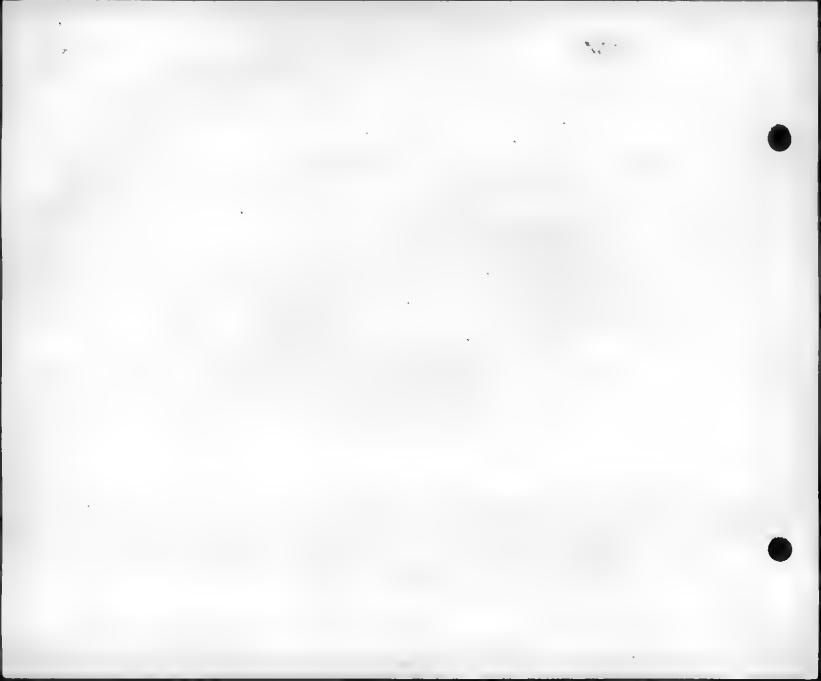
L 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.				
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Right STATE b. COUNTY	esidence befare admission)		
Anne Arundel MARYLAND		nundel		
b CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carparate limits, write RURA, an	d give nearest fawn)		
Aa, olis	Annapolis			
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d STREET ADDRESS	e S RESIDENCE ON A FARM?		
Annapolis Nursing Home	1/4 Munroe Court	YES NO P		
3. NAME OF DECEASED (Type or pnnt) White	EHLES 4. DATE Month OF DEATH	17 1967		
S SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED		NDER 1 YEAR IF UNDER 24 HRS		
	Feb. 16, 1888 lost birthday) Man			
10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fareign country)	12 CITIZEN OF WHAT COUNTRY?		
during most of working life, even if retired) NDUSTRY road	Annapolis, Maryland	USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	YUN		
Frederick Stehle	Augusta Spies			
	INFORMANT Address	-		
(Yes, no, or unknown) (If yes give war ar dates of service)	s. Virginia Hubbard - dame a	s #2 above		
18 CAUSE OF DEATH (Enter only one cause per) ine for (g), (b), ond (c)		INTERVAL BETWEEN		
PART I DEATH WAS CAUSED BY.	Carcinoma It prostate	CONSET AND DEATH		
manustrate coost for	Jacob Committee of Joseph Land	the tempt 1/2 fee		
Conditions, if any, which gave) (Dt. Sanhertour	11 An January	111000		
rise to immediate cause (a).	J (Juoviona	geore		
stoting the underlying cause	1 /1 11 11 1:-	1040000		
lost (c) HOCVD & Muric	10 7000			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DEFASE CONDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED?		
3		YES NO		
OR CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Port I or Part II of Item 18.)			
3 20c TIME OF INITIRY Month Pay Year 20d INITIRY OCCURRED 20e PM	CE OF INJURY (Hame, farm, 20f (City ar tawn)	(County) (Stote)		
Hour a.m. While Not While of fac	tary, street, office bldg., etc.)			
January Communication of the C	11 4 1066 1 513	10/- 5 1 - 10 1 - 1 1 - 1		
21. I certify that (1) (this haspital) attended the deceased fram_say the deceased alive an 5-/2 1967, and that	4 death accurred at 2.25P M, from causes and	nat (אב וי), that (אב וי) ias		
28a SIGNATURE/ //		b. DATE S GNED		
bbt. Verkoun	O PHYS ORECTOR PHYS IN	5717/67		
22c. PHYSICIAN'S	22d. ADDRESS			
NAME (Type) Peter F. Verkouw	1407 Forest Dr. Anna o	lis, .d.		
230 BURIAL, CREMATION, 236 DATE THEREOF 236 NAME OF CEMETERY OR	CREMATORY 23d LOCAT ON (City or Town)	(Caunty) (State)		
5/20/67 St. 1 ry's	Cemetery annapolis.	A.A. Md.		
24 THERALDIRECTOR E CORDING CO. ADDRESS	250 PERMINENTER AND SOLD PERISTRA	AB C CIGNAT IRE		
The state of the s	12 nd DATE	Ciarles Judge		
HOPPING FUNERAL HOME - Annagodis, Mary	TOTAL DAIL	0 0		

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and should be filed with the State Dept, at Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after deaths. TO HOSPITAL OR ATTENDING PHYSICIAN: The law remuires that the d≡ath certificate b≡ ex≡cuted within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67



2 -	963	171		CERTIFICATE	OF DEA	TH		061	69
the funeral	PLACE OF I	HAME Ar	undel	MARYLAND	a STATE	ary/and	d lived if institution b	nh+.Ar	idmission)
ad A	write RU	th/10/13		TO 415	Hhl	19/19/13.	hmits, write RURAL or		
illed in papers. in 72 h	HMME OF	HOSPITAL OR INSTITUTION (IF.	General, give sti	tosital.	d STRIFT ADDR	olleger	Ave.	YES	IS RESIDENCE ON A FARM? S NO
ottending physicion and competely filled in by permit. Then please remaye carbon papers. Prion, or remayal, and in ony event, within 72 hour	3 NAME OF DECEASED (Type or pri		En En	Middle S	TENAN	4 DATE OF DEATH	Manth	BAZ	Year 19 6 7
ony eve	s sex	6 COLOR OR RACE	7. MARRIED WIDOWED 54	DIVORCED	Date of BIRTH	1899	last birthday) Mor	nths Days	F UNDER 74 HI Hours Mi
icion ar leose ra and in	during most 1	UPATION (Give kind of work dan working life, even it tetired)	e 105 KIND OF INDUSTR	HOMES	11/21	(County & State, or fore	igh country)	12 CITIZEN OF W	(S /
ng phys Then p emaval,	IS WAS DECE	enry 1/0	rsey	ST.	14. MOTHERS, N	1221111d	Richar	dson.	. OO last b
attendir permit. on, or re	(Yes, no, or unk	(If yes give war ar date	of service) 2/3.	-22-1244	EN/MB	MAN C.	Wimbush	19K	Annago
on. by the tronsit p		E OF DEATH (Enter only one of it. DEATH WAS CAUSED BY: IMMEDIATE CAUSE THE OF DEATH WAS CAUSED BY: THE OF DEATH W	E (a) E/RE	112/4/2	Imbal	ance - h	typokalem	19 ONSET	
physicic signed burial ti		s, if any, which gave	(b) <u>Th7</u>	restinal	0657	ruction	7 .	4	deys
been s the ior to	<u>lost</u>	e underlying cause	(c) (c) 1			CAFF COUNTY ON COURSE	HI DADT 1/.)	1 10 W	AS AUTOPSY
or atte	E A	THER AIGNIFICANT CONDITIONS	HHENO:	scleratic (ardior	ascular 1	/138958 H	nurd yes	ERFORMED?
certific ched for pt. of H	T SHE CHIRLES	N WAS JNDERLYING DIBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)	200, DESCRIBE	HOW INJURY OCCURRED	CE OF INJURY (Har		(Cty or town)	(Caunty)	(State
by the I ter this se deta tote De	WED WED	OF INJURY Month, Day, Year laur o.m.	While at work	Not While at work	tory, street, affice bl		3//	(cdsilly)	
roined the African Afr		l certify that (1) (this ha	ispiral gyrended t		t death occurr	red at 6.55 M.		an the date:	
birect bi		well stru	15 4 F	M. M.	ATTENDING D PHYS 22d ADDRE	MED DIRECTOR [STAFF PHYS	5/4/6	7
ge 4 moy FUNERAL irector, pa hould be if		AE (Type) LIONE	HEREOF 230	NAME OF CEMETERY OR	CREMATORY	ren str	ATION (City or Yown)	(County)	(Stote)
2 2 2	REMOVA.	(Specify) 5-1	2 .00%		HIII CE		12/0/18	ARS SIGNATURE	Ma
VR A15 (4)		MARIAIT	HILE B	El Air n	10	_ MAT 12	1961 /	Carrier)	mage



	06178	2			CERTI	FICATE	OF DEA	ATH				251	E3	
	PLACE OF DEATH						2. USUAL RES	DENCE (Where dec	eosed lived,	if institutio	n Residence bef	ore odmissi	ion)
	o. COUNTY	Anne A	runde	el	MA	RYLAND	o. STATE	Mar	vland	1	b. COUNT	Anne A	rund	el
		f outside corporate	mits,	10	LENGTH OF STAY	IN 1b	C CITY OR TO		V		write RURA	L ond give neor		
		give nearest town) ADOLIS					1	Anna	apoli	8	yd.			
┢		AL OR INSTITUTION (If not in ho	spital, give :	street address)		d. STREET ADD		<u> </u>	_			e IS RESI	
A	nne Arun	del Gener	al Ho	spita	1		1100 1	Madi	son S	St. Ap	t-S-3	3	ON A F	NOXX
	NAME OF DECEASED		First		Middle		lost		4. DATE	E	Month	De	y Ye	ear
	(Type or print)	Aug	usta		Isabel	1	SUIT		DEAT	TH	May_	30) 19	67
S	SEX	6. COLOR OR RACE	7 M/	ARRIED	NEVER MARRI	ED 🔲 8	B. DATE OF BIRT	Н		9. AGE (In	yeors	IF UNDER 1 YEAR Months Dovs	_	R 24 HRS.
F	emale	White	WIC	OOWED XX	DIVORC	ED 🔲 Ma	arch 20	, 188	88	last bir	Yrs	Months Doys	Hours	Min.
100	USJAL OCCUPATION	(Give kind of work d	one		F BUSINESS OR		11. BIRTHPLAC	E (County	& Stote, or	foreign coun	ry)	12. CITIZEN (
18	ET. BUT	MASTEK		US GO	my Pos	THE SE	*			Virg	inia	O.S.	7	
	FATHER'S NAME						14. MOTHER'S	MAIDEN I	NAME					
L	OSEPH	MADD	EN				uv.	KNO	WW	7				
15.		R IN U.S. ARMED FORCE	ES?		AL SECURITY NO.	17. 1	NFORMANT	.,,			Address	3		
	or unknown)	(If yes give wor or do	tes of service	1216.	-12-62	64 MR	5. EL, 2	ABS	TH	FRA	JK4 14	1 # 2		
F		ATH (Enter only one	couse per				1	1		7 1	N		ITERVAL BE	TWEEN
	PART I DEAT	H WAS CAUSED BY- IMMEDIATE CA		1/1/	UL'19-	zek	2-20-	1.00	- (· Wy		- G	SET AND	DEATH
	400-1		DUE TO											
	Conditions, if any,		(b)									4		
	rise to immediate		DUE TO											
	lost.	Ting toose	(c)											
_	PART II, DITHER SI	GNIFICANT CONDITION	NS CONTRIB	LT NG TO DI	EATH BUT NOT R	ELATED TO T	HE TERMINAL DIS	SEASE CON	NDITION G	IVEN IN PAR	T 1(o)	11	. WAS AUT	
	15	let-	100	Xa	;	ne	1						PERFORA YES	NOXXX
	200 · ACCIDENT WAS	JNDERLYING [T	20b DESCRIE	BE HOW INJURY	OCCURRED (Enter noture of	חו עזעותו	Port L or F	Port !I of rea	r 18)			
CERTIFICATION	OR CONTRIBUTING					,					,			
		IRY Month, Doy, Yes	or t	20d 1NJUR	Y OCCURRED	20e, PLAC	E OF NJURY (Ho	ome, form	n. 20f	(City or	town)	(County)		(State)
MEDICAL	Hour on		19	While of work	Not While of work		ory, street, office I			()		()		1
	21 certif	y that (I) NOVEX	अञ्चलकार्यः)			d from	15	3 8	9	to Ma	v 30.	19_67, 1	hot (I) f	ime) las
		ceased glive an		y 30,			death accui					nd on the do		
	220 SIGNATURE	m11).	10				ATTENDING		2:26 MED.	PM STA	LEE	22b DATE SIG	NED /	
	11	Stella	ne	7		M.D	PHYS	AA	DIRECTOR			6.1	-6/	
	22c PHYSICHIN 9 NAME (Type)	FMI	SI	1/18	11 /		22d. ADDR		rewhe	9+	Annn	polis,	Ma	
			- 6		<u> </u>	<u> </u>		JOS UTIC						
236	BURIAL, CREMATIO BREMOVAL (Specify)	N, 23b DATE	- 40	2 00 2	3c. NAME OF PE				23d.	LOCATION (ity or Tow.	40	, ,	Stote)
			170	6/6	EDA K	pra	FF CEA		D BY REGIS	W WA	2Sb. REG	ISTRAR S SIGNAT	YLAK	10
1	TUNEKAL DIKECTO		. 0.0	1	AUDKE22	11					ZSD. KEG	DIRAK S SIGNAL)KE	
V	NYN MY.7A	YKOK. So	NS 1	TUNH	POLIS	MD	C	ATE U	N 5	_1967	yc	Marilan	uda	<u></u>

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remayeraneon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with a 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofte Page 4 may be retained by the haspital or attending physicion.

VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06173

CERTIFICATE OF DEATH

nsica

	UUI	. 0		CENTITIC	AIL	OI DEATH			- (2 300 12	0.30		
Ī	PLACE OF DEATH	,				2 USUAL RESIDENCE (V	Where dece			e before	admiss c	n)	
	a. COUNTY	ANNE ARUN	DEL	MARYLA	ND	o. STATE MARY	IA YIV	ANNE ARUNDEL					
	b. CTY OR TOWN (If outside corporate i mit	s,	C LENGTH OF STAY IN 1	b	c CITY OR TOWN (If ou	utside corpo	rote limits, write RJI	RAL and give	neprest	town)		
	FT"GEO G	d give pegrest town)		2 DAYS		ODENTO	NC			,			
		ALOR INSTITUTION (IF n 3H ARMY HOS		give street address)	d STREET ADDRESS 1243 QUEEN ANN AVENUE						e IS RESIDENCE ON A FARM? YES NO 🔀		
3	NAME OF	F	rst	Middle		Lost	4. DATE	Mont	h	Doy	Yec		
	DECEASED (Type or print)	MA		T.	Т	AYLOR	OF	36835		1.	19 (
5	SEX	6 COLOR OR RACE	7. MARRIED	NEVER MARRIED	T 8	DATE OF BIRTH		9 AGE (In years	IF UNDER 1		IF UNDER	The second name of	
	Female	CAU	WIDOWED	DIVORCED		26 Oct 1920		last birthday) 46 yrs	Months	Days	Hours	Min	
	o USUA, OCCUPATION	N (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		31 BIRTHPLACE (County	& State, or f	fareign country)		CITIZEN OF WHAT			
	Hou	sewife		None		England			US	5A			
13	. FATHER S NAME					14. MOTHER'S MAIDEN I			,				
L		Thompson					Last 1	name unkn					
15 (Y	was deceased evi es, no, or unknown) No	R IN U.S. ARMED FORCES? (If yes give war at dates N/A	of service)	SOCIAL SECURITY NO None		mond C.Tayl	Lor,l	Addi 243 Queen	uaei	aton Ave,	, Md		
	B CAUSE OF D	EATH (Enter only one co	use per +ne for						-	INTE	RVAL BET	WEEN	
П	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Card	cinoma of O	vary	r				ÜNS	EI AND D	O •	
1	100	DUE	TO										
П	Conditions, if any, which gave (b)												
П	stating the underlying cause DUE TO												
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)												
FICAT ON	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING 1	TO DEATH BUT NOT RELATE	ED TO T	HE TERMINAL DISEASE (OF	NDITION GI	VEN IN PART 1(a)		19 19	WAS AUTO PERFORM S	OPSY IED? NO :[]	
18			20b. DE	SCRIBE HOW INJURY OCCU	JRRED.	Enter nature of injury in	Port or P	orf II of item IB)					
E		☐ CAUSE OF DEATH MEDICAL EXAMINER)											
MEDICAL	20c TIME OF INJ Hour 'a	URY Manth, Day, Year m.	While	Nat While		E OF INJURY (Hame, form ary, street, affice bldg., etc.)		(City or tawn)	(Cou	unty)	((State)	
	p.	11%	ot work	k 🗀 atwark 🗀 🗀 ded the dece <u>a</u> sed fro	am 2	May 1	0 67	to 4 May	10 6	57 th	at (Nr.)	we) las	
	saw the d	eceased alive an_	4 May	19 <u>67</u> , an	d that	death accurred at	12:4	M, fram causes	and an ti	ne date	stated	above	
	TATELONIA CONTRACTOR C									ATE SIGNED May 1967			
	22c. PHYSICIAN S NAME (Type	RICHARD G.	HOLZ,C	PT,MC		22d ADDRESS KIMBROUC	GH AR	MY HOSP,F	T GEO	G M	EADE	,MD	
23	o BURIAL, CREMATI		IEREOF	23c. NAME OF CEMETE	RY OR I	CREMATORY	23d	LOCATION (City or To	wn)	(County)	(5	itate)	
	REMOVAL (Specify Burial	May 8	1967	Baltimore	Na	tional Cem-	P	laltimore			Ма		
2	4 BUVELPREY			ADDRESS	1	- 250 RECT	D BY REGIS	IRAR 256 RE					
1		FUNERAL HO		nnapoliza, i	ary	Zario DATAY	8.	1967 /	liarle	D yes	ope		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleters filled in by the Pracial director, page 3 shauld be detached for use as the burial-transit permit. Then please remayer arban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed—within 24 hours af polenen Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67



06174

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

"IC + CE

CERTIFICATE OF DEATH

1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)								
	O. COUNTANNE ARUNDEL	MARYLAND	o. STATE MARYLAND 6 COUNTY PRINCE GEORGES								
	b CITY OR TOWN (If outside corporate I mits, write RURAL and are nearest Jown)	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)								
	WINTER BURAL and sive negrest town MEADE	6 DAYS	LAUREL								
	d. NAME DF HOSPITAL DR INSTITUTION (If not in haspi		d STREET ADDRESS 0 IS RESIDENCE ON A FARM?								
	KIMBROUGH ARMY HOSPITA		104 E. MULBERRY STREET YES NO E								
3.	NAME OF First DECEASED (Type or print) CHARLES	Middle EVERETT	THOMPSON DEATH MAY 17 19 67								
S	SEX 6 COLOR OR RACE 7. MARR		8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HRS								
	MALE CAU WIDOW	VED DIVORCED 📉	12 MAY 1896 lost birthday) Months Days Haurs Min								
dur	ring most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN, OF WHAT COUNTRY?								
	Soldier U	S.Army Retired	Sedalla, Missouri USA								
	Ed Thompson		Susan Ferguson								
_	. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.									
(Ý	es, na, or unknown) (If yes give war ar dates at service) Yes 130Nov18-31Jan4		(aaugnter)								
	18. CAUSE OF DEATH (Enter only one cause per ene	far (a), (b), and (c).)	INTERVAL BETWEEN								
	PART + DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)	Arterioscleroti	c Heart Disease, Severe								
	1/300 DUE TO		/								
	Conditions, if any, which gave (b) (b)										
	stating the underlying cause										
	lost. (c)	NO TO RELEASE BUILDINGS APIATED TO	THE TRAINING PARTY CANDY AND ADDRESS OF THE TRAINING ADDRESS OF THE TRAINING AND ADDRESS OF THE TRAINING ADDRESS OF THE TRAINING AND ADDRESS OF THE TRAINING ADDRESS O								
8	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?								
S	CO. ACCIDENT MACHINEROLYMAC IN	DESCRIPT WOLLD MIRROY OCCUPATO	YES X NO								
MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Part II of item 18.)								
DICA	and the state of t		ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)								
ME	10 1	/hile Not While of work of two stays of the stay of the st	raly, sileer, office blog , etc.)								
	21. I certify that (X) (this haspital) at										
	saw the deceased alive an 17 N	lay19_67, and the	at death accurred at 5:00 M, fram causes and an the date stated above								
	Stunt A Brage	M	DATE NOTING MED. MED. STAFF 22b. DATE SIGNED 17 MAY 67								
	22t. PHYSICIAN'S NAME (TYPESTUART H. BRACER)	CPT,MC	22d. ADDRESS KIMBROUGH ARMY HOSP, FT GEO G MEADE, MD								
23c	D. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)								
1	REMOVAL (Specify) Burial May 22, 196	7 Arlington Na									
W	FUNERAL DIRECTOR	ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
1	MANDER M STOWN	Daniel My	MAY 2 4 1967 Ocharles Judge								

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 apashauld be filed with the State Dept. of Health priar to burial, crematian, or remayal, and in approach, within 72 hours after dea VR A15 (4) 20 M 1/66

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06175 35156 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) I. PLACE OF DEATH b. COUNTY o. COUNTY a. STATE Anne Arundel Anne Arundel MARYLAND t CITY OR TOWN (If autside carparate firmits, write RURAL and give nearest town) b EITY OR TOWN (If autside carparate imits, c. LENGTH OF STAY IN 1b papers. Pagi hin 72 hours a write RURAL and give nearest tawn) 37 days Davidsonville Annapolis B IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS filled Anne Arundel General Hospital NO Int, wathi Middle 4 DATE 3 NAME OF Eirst DECEASED OF DEATH TOWNSHEND 67 Pearl Mav (Type or print) 6 COLOR OR RACE DATE OF BIRTH 9 AGE (n years S SEX 7 MARRIED NEVER MARRIED eve rthday) April 6, 188 White Female WIDOWED XX DIVORCED 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10b, KIND OF BUSINESS OR OUS EWI Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removol offending poermit. The INFORMANT 16. SOCIAL SECURITY NO (Yes, no, grugknown) (If yes give was at dates of service ö INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one cause per lane for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as the prior to peen last WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 105 ATTENDING PHYSICIAN: 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 11 of item 18) 200 ACC DENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Not While Haur o.m. factory, street, affice bldg., etc.) **DIRECTOR:** After 21. I certify that (1) (this haspital) attended the deceased frame 1960 took Men director, page 3 should should be filed with the , and that death accurred at M, fram causes and an the date stated above saw the deceased alive an 22b DATE SIGNED 22a SIGNATORI M.D DIRECTOR PHYS PHYS ADDRESS TO FUNERAL NAME (Type) Edward S. Beck, M.D. Franklin St.. Annapolis/ 230 BURIAL (REMATION 23b DATE THEREOF 2Sq. REC'D BY REGISTRAR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06176 CERTIFICATE OF DEATH executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institut on Residence before admission) a. COUNTY Anne Arundel o. STATE b. COUNTY Maryland Anne Arundel event, within 72 hours ofter MARYLAND b CITY OR TOWN (if outside corporate limits, write RURAL and give necessi town)
Glen Burnie, Md. c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) D.O.A. Severn. Md. illed in L popers. d NAME OF HOSPITAL DR INSTITUTION (If not a hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? North Arundel Hospital Box 114. Severn. Md. YES NO. 3 NAME OF Middle Lost Month DECEASED Carrie V. Upton 67 (Type or print) 19 DEATH S SEX 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED AGE (n years lost birthdoy) Months 1-29-82 burial, cremotion, or removal, and in any WIDOWED X DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT The low requires that the death certificaterbe COUNTRY U.S.A. during most of working ite, even if retired) BUD INDUSTRY Severn, Maryland physicon Housework (ret) 14. MDTHER'S MAIDEN NAME attending phys permit. Then p Unknown (Rav) Unknown IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) Carl B. Gallion - Same as # 2 Unknown 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p PART I, DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (o) by the hospitor or attending physicion. DUF TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES [NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Hour pm. factory, street, office bldg., etc.) Not While 21. I certify that (I) (this haspital) attended the deceased fram_ director, page 3 should should be filed with the saw the deceased alive an Merch 10 1967, and that weath accurred at 9 4 M, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR 2240 Train Hwy, Glen Burnie R. MacDonald 230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) 20May 1967 Loudon Park Cemetery Baltimore, Maryland 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So REC'D BY REGISTRAR /Glen Burnie, Md. **II**0 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06177

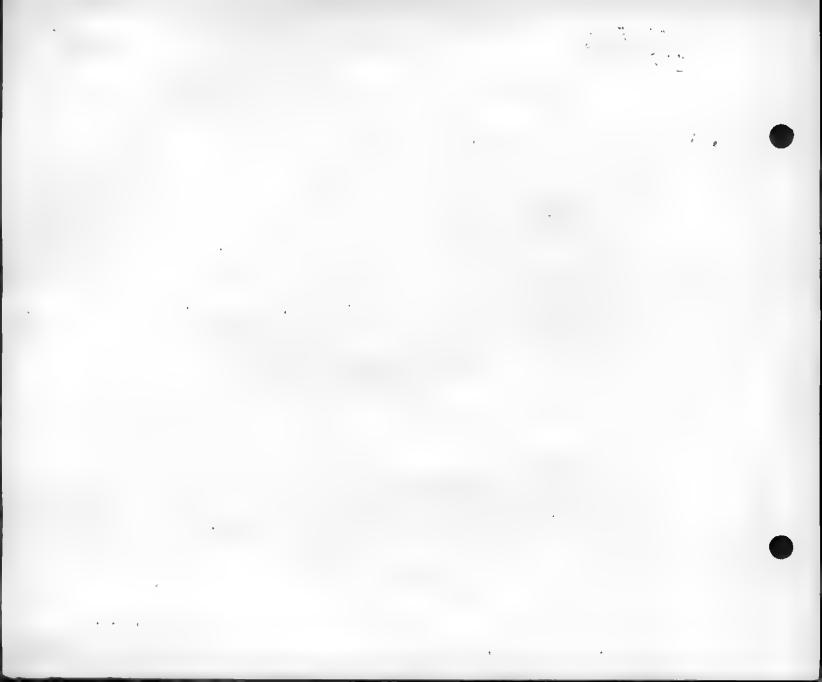
CERTIFICATE OF DEATH

10100

L				401/1111	47.116				じしょ	UD			
Ī	PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dece			before odmiss	ion)		
	o. COUNTY	ANNE ARUND	EL	MARYL	o. STATE MARYLAND b. COUNTY HOWARD								
-	h CITY OR TOWN (If outside corporate limit	<	C LENGTH OF STAY IN		CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town)							
Т	write RURAL and	give negrest town) G MEADE	*,		10	· ·	rside corpo	iole illilis, wille ko	KAL DIG GIVE II	eolesi inwii)			
L				3 DAYS	JESSUP			/ \					
		AL OR INSTITUTION (If no		give street oddress)		d STREET ADDRESS	* ***			e IS RES	IDENCE FARM?		
	KIMBRO	UGH ARMY HO	SPITAL			4 MISSION	ROAL	D			NO 📑		
	NAME OF	F	rst	Middle		Lost	4. DATE	Mon	th .	Dov Y	ear		
ı	(Type or print)	JEA	N	0/	J	JRBAN	OF DEAT	MA'	Y 2		67		
19	SEX	6 COLOR OR RACE	7, MARRIED	NEVER MARRIED		B DATE OF BIRTH	DEAT	9. AGE (In years	IF UNDER 1 Y	- No.	ER 24 HRS		
ı	FEMALE	WHITE	WIDOWED	DIVORCED		TAN 19,1910		lost birthday)	Months D	oys Hours			
					سار		251 1	57 Yrs	10 0 7177	TALLOT MALIAT			
	luring most of working	l (Give kind of work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11 BIRTHPLACE (County)		oreign country)	COUN	EN OF WHAT TRY?			
Ł	Housewi:	fe		None		Lincoln,			USA				
	13. FATHER'S NAME					14. MOTHER'S MAIDEN 1							
ı	ALAN JOI	HN OHLER				Not avai	lable	2					
	S WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO	17. 1	NFORMANT		Addre	255				
ı	NO NO	(If yes give was or dates	Ji service)	08-16-0512	Wil	lard F.Urba	n. 4	Mission	Rd Tes	egun 1	AA.		
F		EATH (Enter only one co.			1 ***	-101 4 2 4 0 1 DO	VIA 9 1	111001011	ina oci	INTERVAL BI			
ı	PART I. DEA	TH WAS CAUSED BY-	CANTO		ant.	sacral regi	ion w	ith		ONSET AND			
ı	1538	IMMEDIATE CAUSE	(0)		COLLO	-40-07 -00-				J 1401	TATIO_		
Т	Conditions, if ony				_3								
1	rise to immediat	e couse (o)		cerat barer	an (bstruction							
ı	stoting the unde		10										
	lost.)	(c)										
] =	PART H. OTHER SI	GNIFICANT CONDITIONS (ONTRIBUTING T	O DEATH BUT NOT RELAT	TED TO T	HE TERMINAL DISEASE CON	IDITION GIV	VEN IN PART 1(a)		19 WAS AU PERFOR			
1										YES 🔀	NO 🔲		
314	200 ACC DENT WA		20b. DE	SCRIBE HOW INJURY OCC	URRED	Enter nature of injury in I	Part or Pa	ort II of item 18)					
P. P.	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)											
The state of the s	20c TIME OF INJ	JRY Month, Doy, Year				E OF INJURY (Home, form		(City or town)	(Count	γ)	(Stote)		
17.7	Hour or	10	Wh e	Not White at work	focti	ory, street, office bldg , etc)							
		116			ram.	20 May , 1	0.67	to 23 Moss	10 67	7 that for	(wa) last		
	saw the de	neared alive as	23 Marr	1067	nd that	death accurred at	10 8	M from course	and an the	data state	(we) just		
saw the deceased alive an 23 May 1967, and that death accurred at 10 a M, from causes and an the date state 220 SIGNATURE M.D ATTENDING MED DIRECTOR PHYS 23 May 67											u uvuve.		
	22c PHYS CIAN S		celen	~	AN. L	PHYS. L_3	DIRECTOR	L PHYS. L		Luy O			
	NAME (Type	NEIL ROBI	NSON, CF	PT.MC			H AR	MY HOSP,F	r geo c	MEADI	E.MD		
=													
1	230 BURIAL CREMATIO	T. Comments		23c NAME OF CEMET				OCATION (City or To	,	ounty) i	(Stote)		
L	SIMON IN THE		1967	LEE FUNE	RAL			ashingtor	D.C.				
	24. FUNERAL DIRECTO			ADDRESS		2So REC'D			GISTRAR'S SIGN		25.		
T.	2 blorel	Wade Laure	al Ma	ruland 2089	10	M	AY 9	/ 1007	VILLOW	By VALE	The same of the sa		

e carban papers. Pages 1 and 2 veptes within 72 hours after death. Pages 1 and filled in by the funera TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the haspital at attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely, director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any events.

VR A15 (4) 25M 1/67

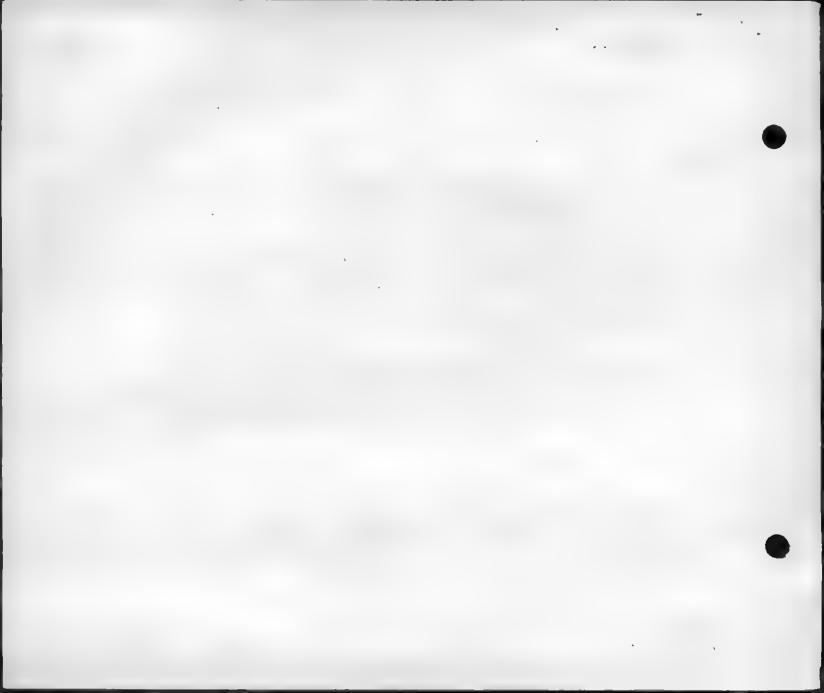


MARYLAND STATE DEPARTMENT OF HEALTH

ISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLANI

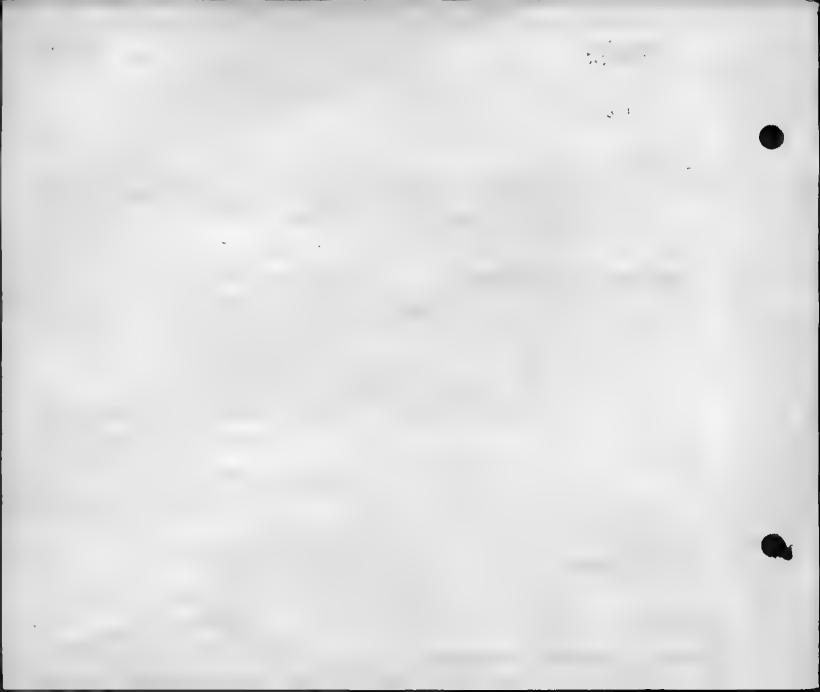
	06178		CERTIFICA	ATE OF DEATH	1, 11211	06169
1	DI COUNTY	2 Arundo	/	a. STATE Mary	are deceased lived. If instituti and	ian: Residence before admission) HNNC HRUNOU
	SURAL and give near	utside corporate limits, write est town) LPN 19	C. LENGTH OF STAY IN 16	E. CITY OR TOWN (IF OU	Burnte	RURAL and give nearest town)
	or NSTITUTION	(If not in haspital, give street a	ddress)	d. STREET ADDRESS	IMAR AVE	e. IS RESIDENCE ON A FARM? YES NO [2]
	NAME OF DECEASED (Type or print)	Carrie 1	ELIZA be	.TH VOLTZ	4. DATE Mor	nth Day Year AY 14 1967
5	emale	White WIDOWE	DIVORCED	12/11/80	9. AGE (In years last birthday)	Manths Days Hours Min
100	during most of warking		Same	USTRY 11. BIRTHPLACE (State of	y / A N D	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME /	GERMAN.	~ 1 6 ~	14. MOTHER'S MAIDEN N	Schmidt	
15 (Yr	WAS DECEASED EVER	N U S. ARMED FORCES? 16 S	VONO 12	DODIS GRA	iefe 40 had	on Buchem
	PART DEATH	Enter only one cause per line WAS CAUSED BY: MMEDIATE CAUSE (a)	for (a). (b). and (c).]	IAL INF	ARCTION	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any	which)	Teriosk/	erorie GRO	o-Voscular	disione 2 oyes
	gave rise to im cause (a), stating th lying cause last.		Name of the last o			
CATION	PART II. OTHE	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH B	JT NOT RELATED TO THE TERMIN	NALD SEASE CONDITION GI	VEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO (2)
CERTIFI	20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	RIBE HOW INJURY OCCUR	RED (Enter nature of injury in P	ort I ar Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	White	IJURY OCCURRED 200. Not while at wark	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State
	21 I certify that saw the decease	(1) (this haspital) attended	17		48, ta # /2	nd an the date stated above
	720. SIGNATURE	hiczan	Lel	ATTENDING		37,4/6 SIGNED
	NAME (Type)	.W. PRic	CHARD	22d. ADDRESS	in Burn	ie, mil
230	BURIAL, CREMATION REMOVALY (Specify)	23b. DATE THEREOF 1) au 17-196-7	230 NAME OF CEMETERY	OR CREMATORY LIFEMONIALX	23d LOCATION IC. by. town,	ar caunty) (State)
24	FUNERAL DIRECTOR'S	eten- Filen	ADDRESS Bleenie	250 REC'D	BY REGISTRAR 256 REG	STRAR'S SIGNATURE

VR A15 (4) 15M 9/59



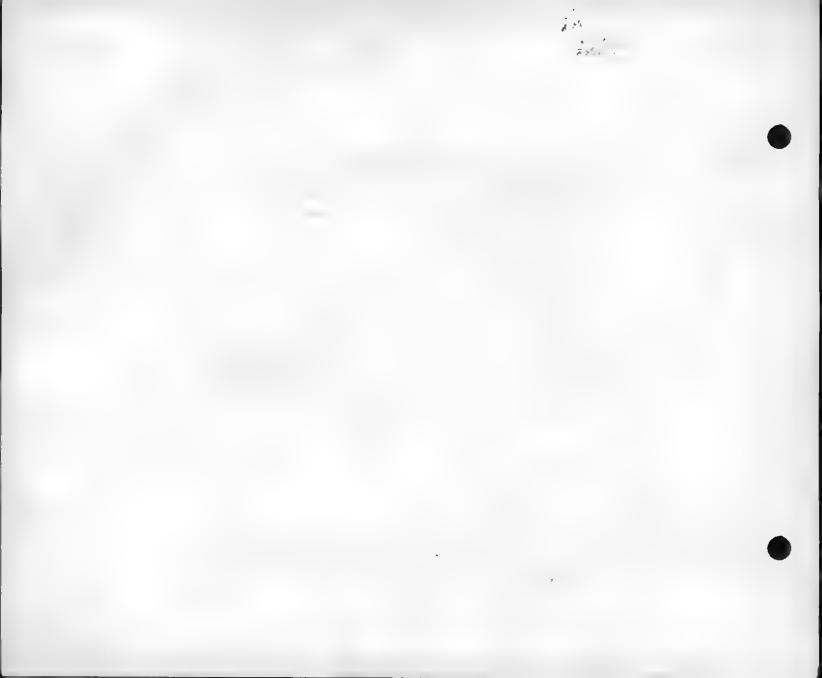
STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution: Residence before admission) a. COUNTY EW TORK b. COUNTY + MVE MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) URAL d. NAME OF HOSPITAL OR INSTITUTION of not in hospital, give street address; d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NO 3. NAME OF Year Month (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR | DATE OF BIRTH IF UNDER 24 HRS WIDOWED S DIVORCED [IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY ! 11. 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) COURT STENOGRAPHER LOCAL GOUT 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unkown) (If yas give war or detas of service) GRAND DAUGHTER: DUROTHY BLAISDELL ARNOLD MD. 18. CAUSE OF DEATH |Enter only one cause per line for .a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 6 MONTHS [NANITION IMMEDIATE CAUSE (a) DUE TO ARTERIOSCLEROSIS, GENERAL CEREBRAL CORONARY - YEARS Conditions, if eny, which (b) gave risa to immediate cause DUE TO (a), stating the undarlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY OB. ACCIDENT WAS UNDERLYING D 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part) of Part 1: of them 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING DICAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) LIVING ALONE FOUND BE INJURED. MULTIPLE FACIAL LAMP BRUDES 20d, INJURY OCCURRED | 20e. PLACE OF INJURY Home, farm, 20f. (City or town) (County) factory, street, offica bldg., atc.) Not Whiles HUNTINGTON, SUFFOLK, NEW YORK 21. I certify that (I) (this hospital) attended the deceased from NOV 14, 19.66, to MAY 21, 1967, that (I) (we) last saw the deceased alive on 10MAY 19.67, and that death occurred at 700 M, from the causes and on the date stated above. 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR 22d. ADDRESS RIVER MEDICAL CENTER BUNERAL DIRECTER'S SIGNATUS VR A15 (4)

death. Page 4 O FUNERAL LAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

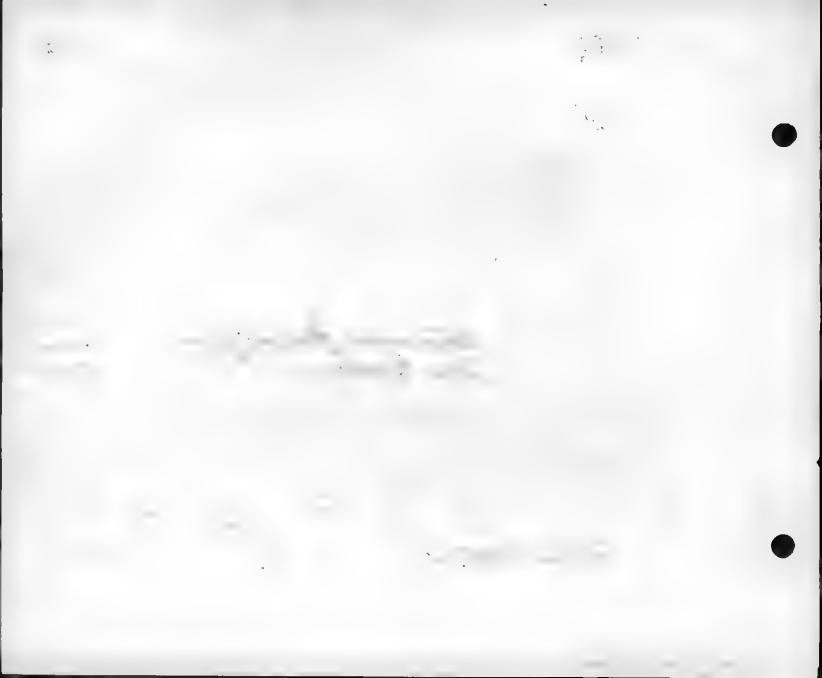
1	06180			CERTI	FICATE	OF DE	ATH			0	617	14
	CE OF DEATH OUNTY	A		MAM	RYLAND	a. STATE	SIDENCE (Who		lived, if institu b. COU		ce befare	admission)
p Ci	ITY OR TOWN (f	outside corporate limit give nearest town)	ts,	c. LENGTH OF STAY		c. CITY OR TO	OWN (If outsi	nore de carporote	limits, write RU	RAL and giv	e neorest	iown)
d N		L OR INSTITUTION (If n				d STREET AD		nore_	-			IS RES DENCE ON A FARM?
3. NAA		ville Stat	e nosti.	Middle		Last		4. DATE	Мап	th	Dov	Year
DECI	EASED e or print)		Sarah	Smith		Wayman		OF DEATH		/25/	0.01	1967
S. SEX		6. COLOR OR RACE		XX NEVER MARRI	n m 18	. DATE OF BIR			AGE (In years	I F UNDER	1 YEAR	F UNDER 24 HRS
	F	N	WIDOWED	DIVORC		1892			last_birthday) 75 Yrs	Manths	Days	Hours Min
		(Give kind af wark done fe, even if retired)		ND OF BUSINESS OR DUSTRY UNKNOWN			CE (County & S Mary 1 &		gn country)	12. CI	TIZEN OF FUNTRY? US	WHAT A
13. FA1	THER'S NAME					14. MOTHER'S						-
	unkwov	m				unkn	lown					
IS W/		IN U.S. ARMED FORCES? (If yes give war or dates	16. :	SOCIAL SECURITY NO.	17 II	NFORMANT			Addr	.622		
(Yes, no	o, or unknawn)	It yes give war or dates	at service)	unknown		Hospi	tal Re	ecords				
Cor rise sta las	PART I. DEAT nditions, if ony, e to immediate iting the under tt.	cause (a), ((a)	(ardia) Generali	zed Ai	rterios			(a), DADT 1(a)		ONSE	VAL BETWEEN T AND DEATH
W	a ACCIDENT WAS			SCRIBE HOW INJURY							YES	NAS AUTOPSY PERFORMED?
	CONTRIBUTING!	CAUSE OF DEATH MEDICAL EXAMINER)							r di liesti 10 j			
MEDICAL (2)	k. TIME OF INJU Haur 'o n P.n	3.0	2Dd 19 While at warl			E OF INJURY (Fory, street, office		20f	(C ty or town)	(Co	Jnty)	(State)
		y that (I) (this has ceased alive on/		ded the deceased	from(5/12/ death accu	, 19] urred_at{	<u>10</u> , ta. 8:05M,	5/25 from couses	, 196 and an t	7, the	t (I) (we) las stated abave
	saw the deceased alive on 5/25/ 19 67, and that death accurred at 8:05M, from causes and an the date stated above 220 SIGNATURE M.D. ATTENDING DIRECTOR STAFF 22b. DATE SIGNED 5/26/67 22c. PHYSICIAN S 22d. ADDRESS											
	NAME (Type)	L. Bene	dict M.	D.			Crown	svill	e State	Hosp	ital	
RE	URIAL, CREMATIO EMOVAL (Specify)	D 5-13	GREOF 9-G	23c NAME OF CEN	AETERY OR	inbo	err'	130	V 07	own) TU'LE EG STRAR'S	(County)	Tied.
1	1631	1 Min	00	GOO	and	e M	MY 2 S		or other #	arles		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF OR ATTENDING PHYSICIAN: The law requires that the deatherwatrificate be executed within 24 hours after death funeral and PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased led, if institution Residence before admission) o. COUNTY b COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 15 outside corporate limits, write RURAL and give nearest town) popers. Pag thin 72 hours (write RURAL and give nearest town) filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS ON A FARM? NO NAME OF 4. DATE Middle Manth Year DECEASED OF (Type or pont) DEATH event, S. SEX AGE (In years 6 COLOR OR RACE 7, MARRIED NEVER MARRIED DATE OF BIRTH birthday) Months Hours WIDOWED DIVORCED 10a LSUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OF 12 CITIZEN OF WHAT 10h during most of warking life, even if retired) INDUSTRY 13 FATHER S NAME 14 MOTHER'S MAIDEN NAME ar remova 507 IS WAS DECEASED EVER NUS ARMED FORCES? 16. SOC AL SECURITY NO. 17. INFORMAN the attendin (Yes, na or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) ONSET AND DEATH signed by DUE TO burial, Conditions, if any, which gove rise to immediate couse (a), DUE TO tar use as the l Health prior tak stating the underlying couse this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(a) 200 ACC DENDWAS UNDERLYING IS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part) or Past II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NONEY MEDICAL EXAMINER) MEDICAL 20e, PLACE OF INJURY (Home, form, 2Gc. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20f. (City or fown) (County) (State) Hour our factory, street, office bldg, etc.) While Nat While of work at work I certify that (1) (this haspital) attended the deceased from be retained M, from causes and on the date stated above. TO FUNERAL DIRECTOR: sow the deceased alive an 6 and that death accurred at 22b DATE SIGNED. ATTENDING directar, page 3 shauld be filed v M.D DIRECTOR PHYS 22d ADDRESS 39 PHYS CIAN'S ANNAPOLIS R TO HOSPITAL NORTHBOURNE BURIAL CREMATION DATE THEREOF REMOVAL (Specify) M A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06182 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if institution, Residence before admission) b. COUNTY. a. COUNTY Anne Arundel Maryland Anne Arundel papers. Pages Phin 72 hours after MARYLAND ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after C LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate firmits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Life Pasadeha/ Pasadena Pasadena Jen Junie Lite
d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? North Arundel Hospital YES NO THE ve carban event, w it Middle 4 DATE Month 3 NAME OF Last Day campletely DECEASED 0F Madeline Wehrheim May 6 M. 67 19 (Type or print) DEATH B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED gve. Golf birthday) Months Haurs 10-16-02 White and in any Female WIDOWED DIVORCED Ferri gud 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) COUNTRY, during most of working life, even if retired) INDLSTRY Baltimore, Md. 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remayal. attending p permit. The IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT Address (Yes, pa; or unknown) (If yes give war ar dates af service) crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line Surial-transit p ONSET AND CEATH PART 1. OEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate couse (o), DUE TO stating the underlying cause After this certificate has been be detached far use as the State Dept, of Health prior ta by the haspital ar attending 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) FICATION YES NO After this certificate 20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MFDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year factory, street, affice bldg, etc.) Hour a.m. Nat While at work 21 I certify that (I) (this haspital) attended the deceased fram. 1967, that (1) (we) last be retained , and that death accurred at M. from causes and on the date stated above. DIRECTOR: saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS PHYS page 3 22d. 22c. PHYSICIAN'S O FUNERAL NAME (Type) director, p 230 DATE THEREOF NAME OF CEMETERY OR CREMANORY BURIAL CREMATION. 23d LOCATION (City or Town) (County) (State) REMOVAL (Spenty) Vacen. 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 06183 The low requires that the deoth certificate be executed within 24 hours after deoth. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY Anne Arundel MARYLAND b CITY OR TOWN (If outside corparate I mits, write RURAL and give nearest town) c LENGTH OF STAY IN 1b c CITY OR FOWN (If outside corporate limits, write RURAL and give negrest town) hin 72 hours Hrs. Severna Park Glen Burnie d NAME OF HOSP TAL OR INSTITUT ON (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? papers. Rd#2 Box 590 21146 North Arundel Hostital YES NO PE 3 NAME OF First Middle DATE Manth Last. completely DECEASED 0F 5-11-67 G White Arthur (Type or print) 19 DEATH eve S SEX 6 COLOR OR RACE IF UNDER I YEAR NEVER MARRIED 8 DATE OF BIRTH AGE (In years IF JNDER 24 HRS 7 MARRIED remove White last_birthday) Male 1-22-93 QUY WIDOWED DIVORCED puo 10o. USUAL OCCUPATION (Give kind of work done and in 10b KIND OF BUSINESS OR 11 SIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT during most of warking life even if retired) Stee! COUNTRYSA Canada Beth. St el retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Mc umber 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service same no cremotion, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) INTERVAL BETWEEN s.gned by the buriol-tronsit p PART I DEATH WAS CAUSED BY OWSET AND DEATH IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gove rise to immediate cause (a). DUE TO O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending stating the underlying cause os the last. hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? State Dept. of Health NO this certificate 20a ACCIDENT WAS JNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CALSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour o.m. factory, street, affice bldg., etc.) While Not While at work 21. I certify that (I) (this haspital) attended the deceased fram. 1967, to_ 0 filed with the and that death accurred at 1000M, fram causes and an the date stated above TO FUNERAL DIRECTOR: saw the deceased alive an 22a SIGNATURE 22b DATE SIGNED ATTENDING DIRECTOR PHYS PHYS director, page should be filed 22d AODRESS 22c PHYSICIAN'S NAME (Type) 230 BURIAL CREMATION 23b. DATE THEREOF LOCATION (City or Town) (County) emeteru 24 FUNERAL DIRECTOR 2Sb Ruck, Inc Baltimore, Md. 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06184 CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY o. STATE b. COUNTY The law requires that the death certificate be executed within 24 hours ofter d Maryland Anne Arundel Anne Arundel MARYLAND b CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give negrest town)
Annapolis D.O.A. RURAL - Severna Park d NAME OF HOSPITAL OR INSTITUTION (If not-in-hospital, give street oddress)

Anne Arundel General Hospital .⊑ e IS RESIDENCE ON A FARM? d. STRFFT ADDRESS Rt-1. Box-344A YES NO X Anne NAME OF Middle DATE Month Dov Year DECEASED 23 1967 WHITE May complete Estella Cornelious (Type or print) DEATH AGE (In years Inst birthdoy) 5 SEX 6 COLOR OR RACE 7 MARRIED TO 8 DATE OF BIRTH IF JNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED Months Hours Female Negro WIDOWED DIVORCED April 14. 10o JSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 106 KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Housewife A.A.Co
14 MOTHER'S MAIDEN NAME Maryland **** 13. FATHER'S NAME remova Mary Elizabeth Jennin Robert Wallace IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service White Rt 1 Serverne Pk No 213-50-9478 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) NTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) ONSET AND DEATH DUE TO Conditions, if ony, which gave rise to immediate cause (o), DUE TO stoting the underlying couse last. 200 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO XX OR ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of Ifem 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TiME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fown) (County) (Stote) Hour 'o m. factory, street, office bldg, etc.) Not While ot work 1960 ta may 1967, that (1) (394 last 21. I certify that (!) (this hose track attended the deceased from be retoined O FUNERAL DIRECTOR: ___19_67, and that death occurred at saw the deceased alive on Mor 21A M, fram causes and on the date stated above. 220 SIGNATURE 22b DATE SIGNED STAFF PHYS M D DIRECTOR TO HOSPITAL Poge 4 moy E 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Hahn ProfBldg., Severna Park, Md. Ray M. Smith. M.D. 230 BURIAL CREMATION. 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Townneck Church Towneck 5-24-1967 -Co REGISTRARS SIGNATURE 24 FUNERAL DIRECTOR 2So REC'D BY VR A15 (4) Annapolis. Maryland C.E. Hicks.111 25M 1/67

~4∂

8

9

6 6

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) ANNE ARUNDEL o STATE Maryland b COUNTY with the State Deportment of Anne Arundel MARY, AND b CITY OR TOWN (1 autside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate in its write RURAL and give nearest town) ANNAPOLIS Annapolis d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS icote, writing the word 'pending' in pencil in Item 18 Give Poges 1, be farwarded to the Chief Medica Exominer's Office along with form 1019 Forrest ANNE ARUNDEL GENERAL HOSPITAL NAME OF Middle DECEASED OF (Type or print) H. CNR-DEATH WILLIAM WILDE SEX 6 COLOR OR RACE 9 AGE (In years 7 MARRIED NEVER MARRIED B DATE OF BIRTH 76 yrs ofter death Male Wnite WIDOWED DIVORCED 🔀 2-14-91 10a USUA, OCCUPATION (Give kind of work done Ob KIND OF BUSINESS OR during most of working te, even statued)

BATTERY INDUSTRY RETAIL SALES 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME in any event within 72 hours LARSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO (Yes, ng, or unknown) ((If yes give wor or dates of service) MNAPOLIS, MO IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit PART DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMED ATE CAUSE (o) DUE TO Conditions, if any, which gave rise ta immediate couse (a). DUE TO stating the underlying couse pub SD cremotion, or removol, PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) CERTIFICATION 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW NURY OCCURRED (Enter nature of njury in Part I or Part II of tem 18; 3 should pluods PRIMARY I or CONTRIBUTING I CAUSE OF DEATH MEDICAL 20d NJURY OCCURRED 20e PLACE OF .NJURY (name, form 20c. TIME OF NoRY Month, Day, Year (City or town) factory, street, affice bldg , etc) Haur a.m. Not While at work 🔲 at work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X. Inquiry funeral director, death resulted from. Natural causes X Accident Suicide (Homic de Undetermined manner be retained CHIEF MEDICAL EXAMINER X ACTUAL ASSISTANT MEDICAL EXAMINER prior SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health RUSSELL S. FISHER, M.D. may NAME (Type) Address (Street, city town or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATOR' 23a BUR AL, CREMATION 0 MAVAL (Specify) FUNERAL DIRECTOR 250 REC'D BY PEGISTRAR

VR A15ME (5) 6M 1/67

25b

e IS RES DENCE ON A FARM.

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPS)
PERFORMED?

and n my op nion

22. DATE SIGNED

5-3-67

(Caunty)

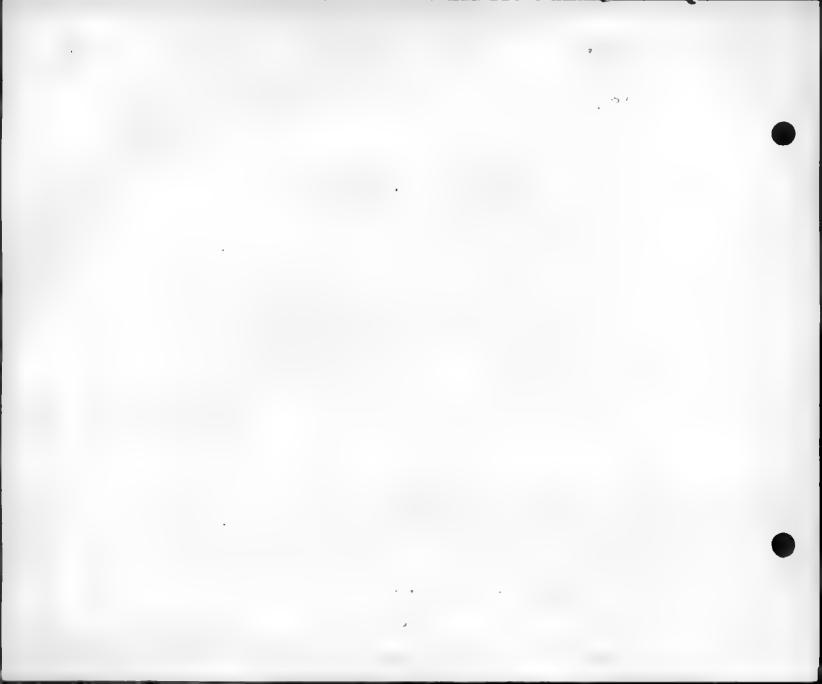
NO XX

(State)

IF UNDER I YEAR

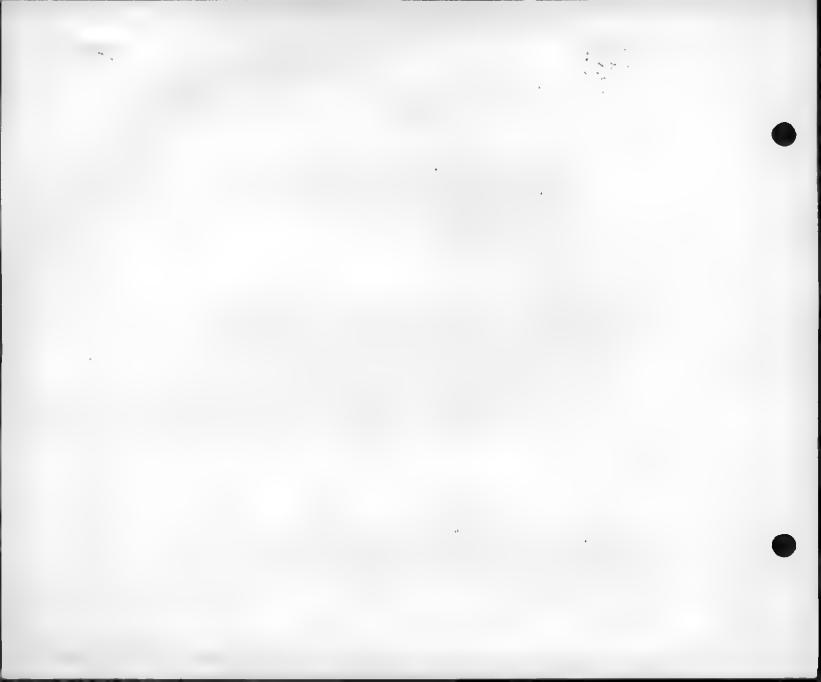
12 CITIZEN OF WHAT

19 67



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

· (AA)		96186	CERTIFICATE	OF DEATH	06177
funeath funeath		COUNTY Conne Orus	who command	2. USUAL RESIDENCE (Where deceose a. STATE	d lived, if institut an Residence before admission) b. COUNTY
ours afte by the f Pages ours afte	b (CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate	imits, write RURAL and give necrest fown)
within 24 hours a rely filled in by the rban papers. Page , within 72 hours a	d. N	NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS	e IS RESIDENCE ON A FARM? YES NO
that the death certificate be executed within 24 hours after an. by the attending physician and campletely filled in by the furnasit permit. Then please remave corban papers. Pages 1 crematian, ar removal, and in any event, within 72 hours after	DEC	ME OF (EASED) pe or port) ME OF (EASED) pe or port)	ha Rebecca	Lost of DATE OF DEATH	Month Day Year 2 1967
executed with and campletely fremave carban any event, wit	S SEX	6. COLOR OF RACE 7 M	ARRIED NEVER MARRIED 8 DOWED DIVORCED 9		AGE (n yours E JNDER 1 YEAR IF UNDER 24 HRS lost by thdoy) Months Doys Hours Min
ate be exection and collease remainany	10o. US during	SUAL OCCUPATION (G ve kind of work done most of working te, even if retired)	10b KIND OF BUSINESS OR INDUSTRY	11 BARTHPLACE (COLDITY & Spite, or fore	grountry) 12 CITIZEN OF WHAT
th certificate by Jing physicion of Then please removal, and ii		ATHERS NAME	iott	14. MOTHER'S MAIDEN NAME	Trandell
attending permit. The		ASOCEASED EVER IN J.S. ARMED FORCES?		Mrs. Jaene 11	Tanson West Rivery W
that the dear an. by the attenc transit permit cremation, ar	1	8 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. IMMEDIATE (AUSE (o)		1. arterio	Coleratis INTERVAL BETWEEN ONSET AND DEATH
		1/5 00 DUE TO anditions, if ony, which gave)			Years
law requires nding physici been signed s the burial- iar ta burial,	st	se to immediate couse (o), outing the underlying couse (c)			
The atternation of the property of the propert	NOITN	ART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIVEN	I IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: e haspital ar nis certificate rached far u Dept. af Heal	SE SE	Oo ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port	If of item 18.)
G PH the h the h this detact te Dep	-	Oc TIME OF INJURY Manth, Day, Yeor Hour o.m. 19		F OF INJURY (Hame, form, pry, street, affice bldg , etc.)	(City or town) (County) (State)
		21. I certify that (I) (this hospital) saw the deceased alive an	Vattended the deceased from	death accurred at 5 39M	, fram cayses and an the date stated above
OR ATTEN be retained DIRECTOR: / ie 3 shauld ed with the		220. SIGNATURE NOVE (2)	Histo mo	ATTENDING MED DIRECTOR	STAFF C 22b. DATE SIGNED 7
D HOSPITAL OR ATTENION OF 4 may be retained of FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type) Charles	H. Wirth MI	22d. ADDRESS Lorth	lan, md.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	23a	BURIAL CREMATION 236 DATE THEREOF MEMOVAL (Specify) 77 ay 5 /	1969 Wrist	hilem Ow	ensulle (I. a. Med
VR A15 (4) 20 M 1/66	24	FUNERAL DIRECTOR Fusic	eal Home Our	DAY 4 15	367 Schools Indee



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0618	7			CERTI	FICATE	OF DEATH		0	6178		
	PLACE OF DEATH						2. USUAL RESIDENCE (V	Vhere deceose	ed lived, if institut	ion: Residence I	efore odmi	ission)
1	o. COUNTY	Anne Aruno	del		MAI	RYLAND	o. STATE Mary	land	b. COUI	Anne	Aruno	lel
	b. CITY OR TOWN	Of outside comorate limit		(. I	LENGTH OF STAY		c. CITY OR TOWN (If our		e limits, write RUI	RAL ond give no	eorest town)
	write RURAL on	d give nearest tawn)					Annar	oodis			0-1	
		TAL OR INSTITUTION (If n	ot in h	ospital, give s	treet oddress)		d. STREET ADDRESS				e. IS RI	ESIDENCE
		ndel Genera					235B	Farra	gut Cour	t	YES T	A FARM?
-	NAME OF		irst	- Part	Middle		Lost	4. DATE	Mont		Doy	Year
	DECEASED (Type or print)	Meyer			miggio		WOLOD	OF	May	22	1	9 67
_	SEX	6. COLOR OR RACE	1	ARRIED TO	NEVER MARRI	co [7] s	DATE OF BIRTH	DEATH	AGE (In years	I IF UNDER 1 YE		DER 24 HRS.
	ale	White		4					lost_birthdoy)		ys Hou	
-				DOWED	DIVORC	TO LI	Dec. 27, 191	-	22 Yrs.	10 617176	1 05 110147	
		N (Give kind of work done life, even if retired)	9	_ INDUSTI	F BUSINESS OR		11. BIRTHPLACE (County)				n of What rx.2	
	Agent			Gener	al Insu	rance			New York	COUNT	. S.	
13.	FATHER'S NAME	**					14. MOTHER'S MAIDEN N			,		
		jamin Woled						ast na	me unkno			
		ER IN U.S. ARMED FORCES? (If yes give wor or dates			L SECURITY NO.	17. 11	FORMANT		Addre	955		
100	no	fu les dise woi oi doies	01 361 61	214-	05-0014	. El	lis Weled -	6 Ell	ington I	Dr., An	napol	is, M
	Conditions, if on rise to immedio stating the under last.	r, which gove)	(b) (b) (t)	nku	oris o		ficiney.	ui per	+ acit		35 y	M **
ATION	PART II. OTHER S	7		Etu -	ATH BUT NOT RI	ELATED TO T	HE TERMINAL DISEASE CON	IDITION GIVE	N IN PART 1(0)			NO X
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)											
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o.m. p.m. 20d. INJURY OCCURRED While of work of wo											
	21. I certify that (I) (this propinal) attended the deceased from											
	saw the deceased alive an Nay 22 19 67, and that death accurred at M, fram causes and an the date stated above											
	220. SIGNATURE AUGUSTA MED. STAFF 226. DATE SIGNED MED. STAFF STAF											
	22c. PHYSICIAN'S NAME (Type		Hed	eman, l	MD		22d. ADDRESS	est Dr	ive, Ann	apolis	Md	
230	BURIAL, CREMATI REMOVAL (Specif		EREOF	23	K. NAME OF CEN	METERY OR C	REMATORY	23d. LO	CATION (City or To	wn) (Co	unty)	(Stote)
	Buria	5/23/	67	K	neseth	Israe	1 Cemetery		nnapolis	a AA	Mo	
24	BEUNERAL DIRECT	RE. Hopping	/	June	ADDRESS	1/2		BY REGISTRA		GISTRAR'S SIGN	ATURE	e.
- 3	HOPPING	FUNERAL HOM		Annar	olis. N	Meryla	nd DMAY	25 1	967	- Pur	10	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Poge 4 may be retained by the hospital or attending physician.

B

VR A15 (4) 25M 1/67

BY 100 the control to the second of the control of the con the state of the state of the state of we are there where a perile real representation - prosting a sound Landon Advid • • • • • •

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAJE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY o. STATE 3 10 PM3. Page MALO 0 MARYLAND deloy with the Stote Deportment b. CITY OF TOWN (If outside carporote limits, write RUP), and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TDWN (If autside corporate limits, write RURAL and give nearest town) PASAdeNA. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form hours Item 18. Give Poges NORT YES ND hours ofter death. Office along with 3. NAME OF 4. DATE Lost Month Doy Year within 72 DECEASED Zeitsche, MAKG 1967 16 (Type or print) DEATH F UNDER 1 YEAR 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthdoy) Months Doys Hours Apr. 30-1919 DIVORCED WIDOWED event ond 2 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT KIND OF BUSINESS OR during most of working life, even if retired) A.C. poges I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within File 16. SOCIAL SECURITY NO. 17. INFORMANT permit. word "pending" i the Chief Medical removal (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b).
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH buriol-transit 0 IMMEDIATE CAUSE (o) please execute the certificate, writing the word cremotion, DUE TO Conditions, if any, which gave rise to immediate cause (a). forworded to DUE TO stoting the underlying couse 0 GS O buriol, used 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 14 pe ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 3 should should PRIMARY Or CONTRIBUTING AL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Hour o.m. factory, street, office bldg., etc.) While Not While moy be retained for your FUNERAL DIRECTOR: Page of work at work its designated 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection -Inquiry F ond in my opinion deoth resulted from? the funeral director. Natural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Health or **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) 23o. BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/66

VETT 25.50